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"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH
for the Year 1952

including

THE REPORT OF THE PUBLIC ANALYST

Printed at the Grosvenor Press, Portsmouth.

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The Right Worshipful the Lord Mayor

ALDERMAN ALBERT JOHNSON, J.P.

HEALTH SERVICES COMMITTEE

1952 - 1953

Chairman

ALDERMAN J. P. D. LACEY, O.B.E., J.P.

Vice-Chairman

ALDERMAN H. G. COOK

Aldermen

J. DAVIDSON ; ALBERT JOHNSON, J.P. (Lord Mayor)

Councillors

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M. J. E. WALLIS	H. SOTNICK	L. J. EVANS
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C. W. STEVENS	J. F. FREESTON	W. GREAVES
C. W. NORTON-THOMAS	J. T. TRIGGS	D. GAMMANS
P. MCG. CORSAR		

Co-opted Members

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MRS. C. E. ATKINS, J.P.	DAME ELISABETH KELLY, D.B.E., J.P.
MRS. D. BOWLES	MR. R. E. MORGAN
DR. H. K. CHILDS	MRS. L. C. NICHOLSON
DR. G. H. DUTHIE	MRS. J. CHURTON-TAYLOR

HEALTH AND HOUSING COMMITTEE

1952 - 1953

Chairman

COUNCILLOR FRANK MILES, J.P.

Vice-Chairman

ALDERMAN A. W. WEST

Aldermen

J. DAVIDSON ALBERT JOHNSON, J.P. (Lord Mayor)
J. P. D. LACEY, O.B.E., J.P.

Councillors

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G. A. DAY	A. G. ASQUITH-LEESON	W. STUDD [M.B.E.]
C. W. NORTON-THOMAS	A. H. W. POPE	F. A. HARVEY

The following ladies were co-opted to serve on the Committee
for housing purposes :

MRS. W. FIELDER ; MRS. A. E. FERGUSON-BAKER ; MRS. M. A. BROOKS

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

Medical Officer of Health,

School Medical Officer,

Chief Administrative Medical Officer to the City Council and

Medical Officer of Health to the Port of Portsmouth

T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer

R. WOODROW, M.B., CH.B., D.P.H.

Senior Assistant Medical Officer of Health for Maternity and

Child Welfare

RUBY N. E. PIKE, M.B., CH.B.

Vaccination and Immunisation Medical Officer

G. E. SHAND, M.D., CH.B., D.P.H.

Assistant Medical Officer of Health and Assistant Maternity and

Child Welfare Officer

MARGARET N. SMITH, M.B., CH.B., D.P.H. (to 31-1-52)

AUDREY E. STEWART, M.B., CH.B., D.R.C.O.G. (from 1-2-52)

Veterinary Officer

R. SCOULAR, M.R.C.V.S.

Chief Sanitary Inspector

W. F. APPLETON, M.R.San.I., F.S.I.A.

Administrative Assistant

H. S. WOODCOCK

Superintendent Health Visitor

MISS D. M. POULSON, S.R.N., S.C.M. (to 30-9-52)

MISS E. M. BUSSBY, S.R.N., S.C.M., H.V.CERT., D.N. (Lond.) (from 1-12-52)

Supervisor of Midwives

MISS D. J. KINSEY, S.R.N., S.C.M., M.T.D.

Supervisory Matron of Day Nurseries

MISS M. MURDEN, S.R.N., S.R.F.N. (to 21-1-52)

MRS. D. A. STRANGE, S.R.N., C.M.B. (Part I) (from 1-3-52)


Joint Appointments with Regional Hospital Board

Consultant Chest Physician

J. H. DADDS, M.B., B.S., M.R.C.P.

Chest Physician

A. M. READ, M.R.C.S., L.R.C.P.



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Public Health Department,
Municipal Offices,
1 Western Parade,
Portsmouth.

*To the Chairman and Members of the Health Services Committee, and to the
Chairman and Members of the Health and Housing Committee.*

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the City for 1952, which at the request of the Ministry of Health contains (pages 9 to 29) a "Special Survey of Local Health Services provided under the National Health Service Acts", as existing at the end of 1952, including "a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service".

Figures in brackets represent the corresponding numbers or percentages for the previous year.

HEALTH STATISTICS

(Pages 37-41)

The Registrar-General's return for the year 1952 reveals a decrease of 1,800 in the total population (including Service personnel), which is now estimated to be 242,600. Although by the end of the year some 6,533 post-war properties were let, including requisitioned premises, there were still at that time 13,259 applicants on the list for re-housing, many of whom were living in over-crowded conditions. Fortunately there has been in 1952 and in the present year such a marked acceleration of the housing programme that the City's greatest post-war problem is within sight of being solved. At the present time the Health and Housing Committee have more than 2,000 houses under contract, of which 1,600 are actually under construction, and tenders will be invited in 1953 for 1,900 traditional houses and will be supplemented by at least 500 non-traditional dwellings. Of the applicants at present on the housing list, it is estimated that between 4,000 and 5,000 are in serious need; thus, when the units now under contract or in the current tender programme are completed, those families whose need is greatest will be rehoused.

As will be seen from Table I on page 38, the following are the main features of interest for the year under review:—

1. An increase in the birth rate from 15·05 in 1951 to 15·43 per thousand population, compared with 15·3 for England and Wales in 1952.
2. A decrease in the maternity mortality rate from 0·80 per thousand total births in 1951 to 0·78, compared with 0·72 for England and Wales.
3. A further decrease in the neo-natal mortality rate from 17·68 per thousand live births in 1951 to 15·22, compared with 18·9 for England and Wales.
4. A further decrease in the infant mortality rate from 29·64 per thousand live births in 1951 to 23·24 (the lowest ever recorded), compared with 27·6 for England and Wales.

5. A decrease in the general death rate from 11·89 per thousand population in 1951 to 10·77 (the lowest ever recorded), compared with 11·3 for England and Wales.

6. A decrease in the death rate from the principal infectious diseases from 0·06 per thousand population in 1951 to 0·04 (the lowest ever recorded).

7. A further decrease in the death rate from all forms of tuberculosis from 0·27 per thousand population in 1951 to 0·255 (the lowest ever recorded), compared with 0·24 for England and Wales.

8. A decrease in the death rate from cancer (including leukaemia) from 2·09 per thousand population in 1951 to 1·95, compared with 1·99 for England and Wales.

Consideration of the foregoing statistics, together with the summaries and tables on pages 37–41 of the Report, shows that the infant mortality rate, the general death rate, and the mortality rates from the principal infectious diseases and from tuberculosis were all the lowest ever recorded ; thus, it may well be claimed that 1952 was the healthiest year Portsmouth has ever known.

More and more babies survive the hazardous first year of life and maternal mortality has fallen to new low levels. Infectious disease, which 50 years ago killed nearly 500 persons every year, and as recently as 1930 caused 173 deaths, last year accounted for only ten. Diphtheria—thanks to immunisation—has been virtually conquered. Indeed, last year, for the first time in history, there was not one case in the City of this disease, of which in 1912 there were 1,051 cases with 124 deaths, and in 1935 422 cases with 39 deaths. The declining mortality from tuberculosis is nearly as remarkable ; only 62 people in Portsmouth died of tuberculosis last year, whereas in 1947 the figure was 164. This dramatic decline of over 60% in five years suggests that tuberculosis also may soon be completely conquered.

The statistics in this report record only deaths (see diagram on page 39), the notifiable infections and the more serious diseases. They do not include the vast amount of chronic mental and physical ill-health and minor illness which causes much unhappiness and suffering as well as affecting the nation's output through absence from work. Much, therefore, still remains to be done to reduce preventable illness by improving conditions at home and in places of employment and by educating the public in a healthy way of life.

The weekly returns of "New claims to sickness benefit", kindly supplied by the local office of the Ministry of National Insurance since October, 1949, show that during 1952 there was no serious epidemic causing abnormal absence from work of insured persons ; indeed, the weekly average of 525 "new claims" for the year under review compares favourably with the average of 596 per week in 1951. In this respect also the health of Portsmouth citizens was above the average during 1952.

METEOROLOGY

Examination of the 1952 meteorological statistics (pages 42–44) shows that there were 18·4 less hours of sunshine recorded than in 1951, the total being 1,797·3 hours, which is only 1·1 less than the average for the last ten years ; there were, however, two more days, namely, 289, on which there was half-hour or more of sun. This reduction, unfortunately, was enough to relegate Portsmouth and Southsea from 14th to 31st position in the sunshine table of the 321 meteorological stations in the British Isles, and from 7th to 21st place amongst the genuine holiday resorts on the mainland.

The rainfall picture is, happily, a brighter one, the amount of 28·13 inches being 11·04 inches (28%) less than in 1951, although a little above the last ten years average (27·74) ; there were 156 days when 0·01 inches or more fell.

It is noteworthy that 1952 showed an increase over the previous year in the following phenomena recorded :—

fogs 32, compared with 16 ;
snow or sleet on 11 occasions (4) ;
gales 20 (14).

Prevailing winds were in the south-west—north-west sector.

Temperatures showed little variation from those for 1951, so it can be seen that, rainfall apart, the weather for 1952 was on the whole not quite as good as that for the previous year. Generally, however, it can be said that the climate of Portsmouth and Southsea is both healthy and agreeable, the winters being comparatively mild and the sea breezes sufficiently bracing to obviate excessive heat in summer. The City is fortunate in being sheltered to a large extent by the Isle of Wight on the south and by Portsdown Hill on the north, as a result of which it is comparatively free from strong winds and storms of any intensity.

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

GENERAL

1. ADMINISTRATION

(a) COMMITTEES

In accordance with the recommendations of Ministry of Health Circular 22/47, the Health Committee resolved in March, 1947, that a separate Health Services Committee be constituted which would be responsible to the Council for all the powers and duties of the Corporation under the National Health Service Act, 1946, and all Statutory Rules and Orders made thereunder, and that the existing Committee, in future to be known as the Health and Housing Committee, should be responsible for all other aspects of the work of the Public Health Department. The new Committee was made responsible for preparing Proposals for carrying out the duties of the Local Health Authority under the various sections of Part III and under Section 51 of the Act, and submitting these to the Minister for approval in accordance with the time-table set out in the Circular.

As required by Section 20 (2) of the Act, the opportunity was taken to confer with all voluntary organisations concerned, and for them to be represented on the Committee by co-opted members, including representatives of the medical and dental professions and other interested bodies. The present representatives include nominees of the British Medical Association, the local Medical and Dental Committees, the Victoria Nursing Association, the British Red Cross Society and local political organisations. Sub-committees have been appointed in connection with the under-mentioned functions :—

- | | |
|-----------------------------------|--------------------|
| (i) Health Centres. | (iv) Tuberculosis. |
| (ii) Maternity and Child Welfare. | (v) Mental Health. |
| (iii) Staff and Ambulance. | |

(b) STAFF.

The Medical Officer of Health is Chief Administrative Medical Officer to the Council, School Medical Officer and Port Medical Officer of Health, and is therefore responsible for the administration of all local authority health services, in addition to those provided under the Act. The Deputy Medical Officer of Health is also Deputy School Medical Officer, and devotes approximately 70% of his time to duties in the School Health Service. A Senior Assistant Medical Officer of Health for Maternity and Child Welfare is in charge of that section of the Public Health Department, which includes the day nurseries. She also supervises the Domestic (or Home) Help Service, and is assisted by a whole-time woman Assistant Medical Officer of Health who conducts maternity and child welfare clinics. A male Assistant Medical Officer of Health is responsible for vaccination and immunisation in addition to other duties in the Department.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

In view of the division of the administrative structure to be set up under the Act into three separate parts responsible respectively for—

- (i) Hospital and Specialist Services ;
- (ii) Local Health Authority Services, and
- (iii) General Medical and Dental Services, Pharmaceutical Services and Supplementary Ophthalmic Services,

the need for the closest co-ordination between the Portsmouth Group Hospital Management Committee, the Health Services Committee and the Local Executive Council was soon realised. Integration of these services locally has been effected to a considerable degree by the following measures :—

(a) INTERLOCKING MEMBERSHIP OF COMMITTEES.

The former Chairman of the Health Services Committee (the late Alderman A. E. Allaway, J.P.) was, until April, 1950, a member of the South-West Metropolitan Regional Hospital Board, as well as of the Portsmouth Group Hospital Management Committee. He was also Chairman of the Saint Mary's and Infectious Diseases Hospitals House Committees and of the Portsmouth and Isle of Wight Area Pathological Board. At present the Chairman and several elected and co-opted members of the Health Services Committee also serve on the Hospital Management Committee and/or the Local Executive Council, while the Medical Officer of Health has been elected to the Maternity Sub-Committee and two House Committees of the Hospital Management Committee ; he is also a member of the Local Executive Council, several of its sub-committees, the Local Medical and Obstetric Committees, and the Executive Committee of the British Medical Association.

(b) EXCHANGE OF PAPERS AND MINISTRY CIRCULARS ON PARTICULAR PROBLEMS.

Circular letters are sent periodically to medical practitioners on health matters, and copies of these are also supplied to the Medical Superintendents or Secretaries of the local hospitals and other interested persons, including the Director of the Public Health Laboratory Service. Similarly, information to general practitioners, etc., concerning services under Part IV

of the Act, issued by the clerk of the Local Executive Council, is sent, where appropriate, to the Medical Officer of Health. The issue by the Ministry of Health of circulars on particular problems affecting the three separate branches of the National Health Service, for example, on the use of ambulances, has resulted in discussions between representatives of the committees and officers concerned in order to give effect to its recommendations.

(c) OFFICER CO-OPERATION.

On this level the closest and most cordial co-operation regarding all matters of common interest prevails, and meetings are arranged whenever necessary to solve any problems of local organisation as they arise. Subjects recently dealt with include : transport of hospital equipment including "iron lungs", obstetrical emergencies, and conveyance of premature babies from the Hants County area.

(d) LIAISON COMMITTEES.

Regular meetings are held at Winchester of a Liaison Committee comprising representatives of the Ministry of Health, the Regional Hospital Board, and County and County Borough Medical Officers of Health, with their respective chief administrative assistants, to discuss problems of mutual interest, which have proved of great value to all concerned. The Medical Officer of Health is also now invited to attend meetings of the chest physicians for the Western Area of the South-West Metropolitan Regional Hospital Board. Up to the present a joint liaison committee, referred to in Ministry of Health circular 11/52, has not been set up locally, although the Health Services Committee has recently expressed the view that a meeting should be convened in the near future of all parties concerned, to discuss the question of liaison under the National Health Service Act.

(e) CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

(i) Co-operation with the Obstetrical and Paediatric departments of the local hospitals has proved most effective. Discharge reports on mothers and children are invariably provided, and constant interchange of information takes place. Reports on home conditions, including those prior to the discharge of premature babies, arrangements for convalescent treatment or for home help, are examples of the assistance given by the Health Department to the hospital services. Clinical meetings have been arranged in the paediatric wards, to which medical officers, etc. have been invited, and several lectures given by the consultant Obstetrician and Paediatrician to midwives and health visitors of the Health Department.

Although they are no longer directly linked to the Public Health Service, the same friendly relations continue with our former colleagues in the hospital and specialist services. The cordial co-operation given by the Physician Superintendent of the Infectious Diseases Hospital, who furnishes daily details of admissions, changes of diagnosis, and discharges, is of special value in connection with epidemiological investigations in which he has, indeed, himself taken part when necessary. Full advantage has also been taken of the expert help available in connection with enquiries into infectious disease through the Public Health section of the Portsmouth and Isle of Wight Area Pathological Service.

Reports are, unfortunately, but rarely received from the general hospitals regarding adult patients ; apparently only when it is desired that the Local Authority should provide convalescent treatment, medical equipment or home help. As no routine discharge reports are received, regular follow-up

by health visitors of patients discharged home with some residual disability has not been possible, although such is apparently envisaged under Sections 24 and 28 of the Act.

(ii) In the care of patients under treatment by general medical practitioners the health visitors co-operate by reporting upon requests for home help, supply of medical equipment or for convalescent treatment. Assistance is also often given at the request of medical practitioners by the Medical Officer of Health and his staff in dealing with elderly and infirm persons under Section 47 of the National Assistance Acts, 1948 and 1951, who are in need of care and attention but refuse admission to hospital or other institution. In the regular visiting of old people who require a measure of supervision in their homes the work of the health visitors is steadily increasing and in this field their help is obviously welcomed by the doctors.

Liaison between doctors and midwives in the care of expectant mothers has improved considerably since the issue of a circular letter to the former by the local Obstetric Committee; copies of this were also sent to midwives by the Medical Officer of Health.

(f) INFORMATION ON SERVICES AVAILABLE.

In June, 1948, pamphlets on the Health Services to be provided after the "appointed day" under the Act, and on the Mental Health Service were prepared and issued to general practitioners and the public, and in July, 1948, a guide to the local Health Services was published. Lectures have also been given periodically to various organisations, including the local Rotary Club, women's fellowships, etc., as well as to student health visitors, pupil midwives and other professional staff.

3. JOINT USE OF STAFF

Two doctors in general practice, who have had special experience in maternity and child welfare work, are employed by the Authority on a sessional basis at ante-natal, post-natal and child welfare clinics, and two assistant school medical officers regularly conduct child welfare clinics in addition to doing relief duty as required.

One health visitor undertakes part-time duties as almoner to female patients at the V.D. clinic, the Local Authority being reimbursed by the Hospital Management Committee in respect of such services. The costs of the almoning services provided through the chest clinic for tuberculous patients in the community and in hospital are also apportioned between the two bodies concerned.

The Consultant and one Chest Physician employed by the Regional Hospital Board are engaged part-time in the domiciliary care of tuberculous patients under Section 28 of the Act, and a proportion of their salaries is reimbursed by the Local Authority.

4. VOLUNTARY ORGANISATIONS

Arrangements were made for the Portsmouth Victoria Nursing Association, which for a number of years had provided a very efficient service of home nursing in the area, to continue this service under the general control of the Local Health Authority. Under the new regime cordial relations have been established between the Health Department and the nursing superintendents, so that the standard of work carried out has been fully maintained. The Health Services Committee is represented on the executive

and other committees of the Association, and the Medical Officer of Health and the Senior Assistant Medical Officer of Health for Maternity and Child Welfare are also members of the former committee.

Articles of nursing equipment are supplied on loan to patients from stocks held by the Victoria Nurses, the St. John Ambulance Brigade and the British Red Cross Society. The last named is also responsible for the administration of the Hospital Car Service, which undertakes, on behalf of the Municipal Ambulance Service, the conveyance of sitting cases for some of the longer journeys, of which due notice can be given. Arrangements for such journeys are made by the Ambulance Officer, who is thus responsible for ensuring that this service is not misused.

The local inspectors of the National Society for the Prevention of Cruelty to Children have continued to co-operate closely with the Health Department in assisting children who are suspected to be ill-treated or suffering from neglect of any kind.

PARTICULAR SERVICES

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

The Council's proposals provided for the appointment of a Senior Assistant Medical Officer of Health for Maternity and Child Welfare, the provision of additional ante-natal, post-natal and child welfare clinics as premises became available, extension and development of the arrangements for the dental care of expectant and nursing mothers and young children, and of additional day nursery accommodation as might be practicable. In 1948 work was already in progress for the adaptation of two private houses, Annesley House and Kent Cottage, as a residential nursery, with 32 places, chiefly for short-stay cases ; this nursery was subsequently taken over by the Children's Committee.

(a) EXPECTANT AND NURSING MOTHERS.

Eight ante-natal clinics are held weekly and three post-natal sessions per fortnight in the Authority's maternity and child welfare centres at Fratton, Cosham and Portsea ; these are all modern buildings, the two last-named being post-war adaptations of a former Civil Defence first aid post and ambulance depot. Including the eight ante-natal clinics held at Saint Mary's Hospital, the number of patients attending during 1951 represented 91·2% of women confined. In a few instances general practitioners encourage midwives, where practicable, to attend ante-natal clinics held in their own surgeries. All specialist clinics are held at Saint Mary's Hospital.

With the close co-operation of the Pathological Service blood is taken at ante-natal clinics for the following tests :—

- (i) At the first visit—for blood grouping, Wassermann reaction, Rhesus factor and haemoglobin estimation.
- (ii) At the 26th week—for repeat haemoglobin estimation.
- (iii) At the 36th week—for the presence of antibodies.

The trend of attendances at the Authority's ante-natal clinics is shown in the appended table, in which the temporary fall immediately after the "appointed day" in 1948 is clearly seen ; since then there has been a steady increase in the percentage of patients attending. Further comment on this matter is made in Section 6, paragraph 4, page 17.

TREND OF ANTE-NATAL ATTENDANCES

Year	Total Births (including Still-births)	Patients attending L.A. Clinics	
		No.	%
1947	5,258	1,799	34·2
1948	4,665	1,553	33·2
1949	4,237	1,520	35·8
1950	3,743	1,360	36·3
1951	3,747	1,436	38·3
1952	3,836	1,766	46·3

Arrangements for the care of unmarried mothers are made in co-operation with the appropriate moral welfare agencies, financial help being given when necessary towards their maintenance in a hostel before and after confinement.

Mothercraft classes are held weekly at the Fratton Centre, health visitors and midwives sharing the lectures given. Relaxation classes have been a popular feature since 1947. 'Two mothers' clubs are in operation, and these provide another means of teaching mothercraft. A film projector has recently been obtained, and will prove an attractive and helpful method of teaching health education. Individual teaching is also given by midwives and health visitors as opportunity is afforded.

Sterilised maternity outfits have been provided since 1946 for every domiciliary maternity case. Two boxes are supplied, one for use at the confinement and the other during the post-natal period.

(b) CHILD WELFARE.

Eleven child welfare clinics are held weekly at nine centres, which adequately cover the whole area of the City ; these are staffed by the Senior Medical Officer of Health for Maternity and Child Welfare and her Assistant (a woman), together with two assistant school medical officers (women)—for three sessions, and one part-time woman practitioner—for one session. Three of these clinics are held in the Authority's centres, which are entirely suitable for this purpose, and six clinics in church halls, etc. ; the latter can be regarded only as a temporary improvisation pending the provision of further local authority clinics or full health centres. Health visitors, assisted by clinic auxiliaries and clerks, are also in attendance at all child welfare clinics.

Details of attendances at child welfare clinics are set out hereunder :—

Year	Total		Ratio of attendances to births	Analysis by Age		
	Live Births	Attendances		0-1 year	1-2 years	2-5 years
1947	5,149	74,058	14·3 : 1	61,283	8,445	4,330
1948	4,553	76,456	16·7 : 1	59,739	11,530	5,187
1949	4,160	70,826	17·0 : 1	52,828	11,207	6,791
1950	3,653	64,637	17·6 : 1	48,440	9,655	6,542
1951	3,677	60,174	16·3 : 1	44,447	9,615	6,112
1952	3,744	60,877	16·3 : 1	46,441	8,957	5,479

The Consultant Paediatrician holds weekly out-patient clinics at both general hospitals—where he also has children's beds—and to these, as well as to any other consultant's clinics, medical officers refer all cases requiring a specialist's advice or treatment. They also attend clinical meetings arranged from time to time by the paediatrician or other consultants.

No assistance is given at clinics held by general practitioners on their own premises, nor has any been requested.

(c) CARE OF PREMATURE INFANTS.

Birth weights are inserted on all notification cards sent in by midwives, nursing homes and hospitals, and the baby is regarded as premature if the weight is 5 lbs. 8 ozs. or less. Such cases are entered in a special register.

The following procedure has been agreed with the Consultant Paediatrician and instructions have been issued accordingly to all municipal midwives :—

“All premature births occurring at home should be regarded as an emergency, and in the interests of the baby should be attended by the family doctor.

When labour starts on or before the 36th week the patient should be admitted to hospital for delivery if there is time.

Any baby who—

(a) Weighs under 4 lbs.

(b) Is unable to feed normally.

(c) Is having cyanotic attacks or showing other signs of distress should be admitted to hospital immediately. The less handling it has before admission the better the chances of survival. Bathing and feeding are dangerous and unnecessary, the baby should be wrapped in a *warm* towel and blanket and the airway cleared if necessary. The premature infant will stand more in the way of exposure in the first two to three hours than it will in the subsequent two to three days, so that immediate action to arrange admission is essential”.

It was advised that the mother should, if possible, be admitted to hospital for delivery if labour should commence before the 36th week, as it was apparent on studying the mortality statistics that the chance of survival of premature infants born outside hospital was considerably less. Talks have also been given to midwives on the care of premature infants generally.

For premature infants nursed at home the Authority provides a special cot of “Sorrento” pattern, equipped with blankets, hot water bottles, thermometers, etc. For those to be admitted to hospital a heated oxygen tent, “Oxygenaire” type, accompanied by a nurse from the Premature Baby Unit, is sent out on the ambulance. On discharge of the infant a report is made by the Paediatrician to the Health Department, so that the case may be followed up in the home. Similarly, in the case of premature babies born in hospital, a report on home conditions is made by the health visitor to the Paediatrician before the infant is discharged.

(d) SUPPLY OF DRIED MILKS, ETC.

Facilities are, with one exception, available at all child welfare centres for the issue of national dried milk, orange juice, cod liver oil and vitamin tablets under the Government Welfare Foods Scheme. The oil and tablets are a free issue. Proprietary milk foods and certain other vitamin preparations are also available at special prices when recommended by the medical

officer or health visitor. The issue of welfare foods is undertaken by clinic auxiliaries, except at one centre, where the W.V.S. distribute the Ministry of Food supplies.

The uptake in Portsmouth of orange juice during 1952 was 32·3% of the potential, of cod liver oil 25·9%, and of A and D tablets 35·7%. These statistics continue to be low, but do not represent the total percentage of vitamins distributed to mothers and children, as other popular preparations are issued in large quantities from the child welfare centres.

(e) DENTAL CARE

Although it was hoped to provide dental care for the "priority groups", comprising expectant and nursing mothers and young children, through the resources of the School Dental Service, which was to be augmented by the appointment of additional staff, the greatly superior attractions of dental practice under Part IV of the Act resulted in no suitable applications being received in response to repeated advertisements. The staff of the School Dental Service has, in consequence, declined through resignations from five whole-time dental officers in 1948 to three whole-time and one part-time at the end of 1952, thus making it impossible even to maintain that service.

In accordance with the recommendations of the joint Ministries of Health and Education Circular of June last further efforts were made to build up the staff of the Authority's Dental Services, but again no applications to advertisements were received. The Local Dental Committee also invited dentists to offer their services for part-time work under the Authority, as a result of which one additional part-time dentist has been engaged.

In the meantime, a small proportion of these priority groups is referred from ante-natal and child welfare clinics to the dental clinic provided by the Hospital Management Committee at Saint Mary's Hospital, and staffed by a part-time practitioner. The majority of such patients, however, do not appear to have experienced much difficulty in obtaining dental treatment, under the General Dental Services, and suffer no disadvantages thereby, except that dentures are available free of cost only through the Local Authority service.

The following table shows the number of expectant and nursing mothers and children under five provided with dental care at Saint Mary's Hospital during 1951; those for 1952, which are not yet complete, are very similar.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant & Nursing Mothers..	170	170	160	159
Children under Five	313	309	304	304

(f) OTHER PROVISIONS

At the end of 1952 six day nurseries, providing 246 places and one residential nursery of 32 places (administered by the Children's Committee) were available for the admission of children for whom temporary care was needed owing to the mother's illness or confinement. Children may also be placed by the Children's Officer with foster mothers or in the Cottage Homes. The majority of admissions to the day nurseries are made in cases of financial necessity, e.g., when the father is ill or disabled, or the child's mother is unmarried, deserted, divorced, widowed or otherwise separated from her husband.

Home helps are regularly provided for maternity cases, and occasionally convalescence in a holiday home has been arranged for mothers recently confined.

6. DOMICILIARY MIDWIFERY

The Senior Assistant Medical Officer of Health for Maternity and Child Welfare, assisted by a non-medical supervisor of midwives, is responsible for the supervision of the domiciliary midwives, of whom 20 were employed at the end of 1952, together with three who are engaged in private practice, and about six working in the Royal Naval and Marine Maternity Home. This supervision includes periodic visits to the midwives in their homes and while in attendance on patients both at home and at ante-natal clinics, regular inspection of their records and equipment, and advice on any problems which arise in connection with their work ; in the case of 11 midwives this includes the training of pupil midwives for Part II of the midwifery examination.

All domiciliary midwives had obtained the Gas and Air Certificate before 1948, and in 1952 the percentage of cases to whom this form of analgesia was administered was 83·9. Since April, 1950, the administration of pethidine by midwives has been allowed by the Central Midwives Board, and these forms of analgesia have proved most successful, both in relieving pain and in promoting relaxation which undoubtedly shortens labour. Other sedative drugs, such as opium pills, chloral hydrate and potassium bromide, are available for use in appropriate cases.

Ante-natal supervision is carried out by the Authority's domiciliary midwives mainly at the ante-natal clinics, but visits to the patients' homes are also made to ensure that arrangements for the confinement are satisfactory. Health visitors also attend the ante-natal clinics in their own districts, thus becoming acquainted with the expectant mothers whose babies they will subsequently visit.

Before the "appointed day" attendances at the Authority's and hospital ante-natal clinics were excellent, amounting in 1947 to no less than 84·1% of the women confined. During 1948, however, there was a steady fall in attendances at the Authority's clinics, in part due to the increasing preference of mothers for confinement in hospital, but mainly to those booked to general practitioners for maternity medical services under Part III of the Act no longer attending. Apparently this arose through a misunderstanding of their functions, the Authority's clinics being complementary to the doctor's services and not mutually exclusive. Concern was felt because it was known that, on account of this misunderstanding, cases booked to doctors were not receiving as much ante-natal care as those who had merely booked a domiciliary midwife, and in order to clarify this situation a circular was issued in 1949 to general practitioners by the local Obstetric Committee. Since then the doctors, and the expectant mothers themselves, have gradually come to realise the value of attendance at the Authority's clinics, and from then onwards, as will be seen from the table in Section 5, page 14, the percentage of expectant mothers attending has again increased.

On the whole co-operation between the general practitioners undertaking maternity services and the domiciliary midwives is now quite satisfactory and relations are in the main cordial. Indeed, in a few instances general practitioners encourage midwives where practicable to attend ante-natal clinics held in their own surgeries.

Cases whose confinement in hospital may be necessary on social grounds are investigated by the Supervisor of Midwives, and a report made on a

special form giving particulars of the housing conditions, etc., as a result of which a decision is reached whether admission to hospital is necessary.

Two midwives are sent every year to attend post-graduate courses arranged by the Royal College of Midwives, and they later give talks to their colleagues on subjects of special interest which have arisen. In addition, the majority of the domiciliary midwives are members of the local branch of the Royal College of Midwives, and monthly meetings are held where lectures, talks and film shows are given.

Since March, 1949, training "on the district" has been given to pupil midwives taking Part II training through the Royal Hampshire County Hospital, Winchester, three pupils normally being under training in Portsmouth. Later that year the Local Authority was recognised as a Part II training school and the scheme was extended, eleven domiciliary midwives having been approved as midwife teachers; thus, an additional eight pupils can now be accepted from the Portsmouth Group Hospital Management Committee. These have usually had Part I training at Saint Mary's Hospital, and are sent for their three months' intern training to one of the maternity annexes of the hospital, and then spend three months on the district. Particular attention is paid to instructing pupils in the working of all social services, and visits are also arranged to local clinics, day nurseries, schools, factories, etc.

The appended table shows the total births and the number of deliveries by municipal midwives, in nursing homes, and in hospital, for the years 1947-1952. The decline in the percentage of domiciliary confinements in 1948-51, which is reflected in the increase of hospital confinements, is particularly noticeable.

Year	Total Births (including Still-births)	Delivered by Municipal Midwives		Confined in Nursing Homes		* Hospital Confinements
		No.	%	No.	%	
1947	5,258	1,710	32·5	1,527	29·0	2,070
1948	4,665	1,293	27·7	1,183	25·4	2,071
1949	4,237	1,269	29·9	961	22·7	2,422
1950	3,743	1,139	30·4	717	19·2	2,222
1951	3,747	1,174	31·3	567	15·1	2,216
1952	3,836	1,438	37·7	766	20·1	1,901

* Includes some cases admitted from outside City.

7. HEALTH VISITING

The proposals submitted to the Minister provided for the staff of health visitors to be augmented as required in order to perform the additional functions assigned under the Act, whereby they would be concerned in future with the health of the household as a whole, and for this purpose it was estimated that a total staff complement of 34 would be required. As this number has not yet been reached, the health visitors still devote most of their time to maternity and child welfare work, although very gradually the number of visits paid to other cases is increasing, particularly in connection with the care of old people. In one area of the City tuberculosis visiting is included in their work.

Under the Authority's scheme the minimum number of visits paid by health visitors to child welfare cases is as follows :—

During the first year of life	.. ..	6 visits
„ „ second year	.. ..	2 visits
„ „ third to fifth year	.. ..	1 visit annually

Domiciliary confinements are normally attended by the midwife for the first twenty-eight days, and thereafter the health visitor becomes responsible for giving advice regarding the infant ; in the case of institutional confinements, the health visitor assumes responsibility immediately the patient is discharged, unless the mother herself needs to be under the care of a midwife.

From the appended table it will be seen that the number of visits to children under one year has increased steadily since 1947, and is now almost twice the figure for that year, while those to older children and other cases also show a considerable increase.

Year	No. of Visits paid by Health Visitors				Total Visits
	To children under 1 year	To children 1–5 years	Other Cases	Tuberculosis Visits	
1947	11,732	11,766	657	—	24,155
1948	13,281	18,631	1,326	—	33,238
1949	16,703	32,324	1,669	—	50,696
1950	13,481	33,942	2,129	—	49,552
1951	19,596	35,247	2,036	4,177	61,056
1952	21,075	31,367	1,919	3,887	58,248

Co-operation between the general practitioner and the health visitor still leaves much to be desired, as she is, unfortunately, regarded by many doctors only as an intruder, and her potentialities for helping him in his work are not realised. Clearly there is even now much to be done to educate the general practitioner in preventive medicine. Ironically, it is often in the visitation of mothers and children, in which they already have great experience, that the services of the health visitors are resented. In the care of the aged, however, a comparatively new section of their work, their co-operation with the general practitioners is appreciated and, indeed, often sought ; general practitioners obviously are glad to be relieved of some of the problems affecting their elderly patients—work which calls for so much patience, tact and sympathy, and on occasion necessitates action being taken by the Medical Officer of Health under Section 47 of the National Assistance Act, 1948. Although co-operation, particularly with hospital almoners, to the limited degree mentioned in Section 2 (e) is satisfactory, the hospitals generally have, unfortunately, not yet begun to realise the new conception of the health visitor and her responsibility for the “health of the household as a whole”, and reports on patients discharged from hospital—other than obstetric and paediatric cases—are received only in exceptional circumstances.

The Authority, in conjunction with neighbouring authorities and Southampton University, formed a Joint Board for the Training of Health Visitors, and since January, 1949, selected students have attended a course

of training. The University advertises the course annually, applicants being invited to apply to one of the constituent authorities for assistance. Suitable applicants are then selected and, if they satisfy the University Interviewing Committee, are enrolled for the course. The accepting authority pays a salary to the student, reasonable travelling and other expenses, such as books, and in return the student undertakes to give two years' service to the Authority, including her training period. Up to the present 15 Portsmouth students have been trained under this scheme and eight are now employed on the health visiting staff.

Members of the health visiting staff attend refresher courses in rotation.

8. HOME NURSING

As the Portsmouth Victoria Nursing Association, founded in 1884, had for many years provided a very efficient service of home nursing in the area, the Council's proposals provided for this service to be continued under the general control of the Authority, who would be represented on the Management Committee of the Association, which, in turn, would be asked to nominate a representative on the Health Services Committee. The supervision of the nurses would continue to be vested in the Superintendents of the two nurses' homes, Beddow House and Radnor House, situated in the northern and southern districts of the City, and the staff augmented according to the demand for their services.

The Association's Houses are well-equipped and conveniently sited in relation to the areas of the City which each serves; they are recognised as key training homes for State Registered Nurses who wish to obtain the Queen's Certificate in District Nursing. The present staff consists of the two Superintendents, each with an assistant, and an average of 26 other nurses. Requests for the services of a nurse are normally made, on the recommendation of a doctor, to one of the Superintendents, and close liaison exists between the Association, local hospitals, general practitioners, and other members of the health services, particularly the health visitors. The following table gives details of the number of cases attended and domiciliary visits paid by the home nurses during the past six years and shows the steady increase in their work.

Year	No. of Cases Attended	No. of Visits Paid
1947	3,411	70,672
1948	3,272	68,940
1949	4,927	83,867
1950	4,634	84,829
1951	5,886	96,932
1952	8,584	100,887

During 1952 the types of cases nursed and visits paid were as follows :—

Type of Case	No. Attended	Visits
Maternity	51	1,241
Children under 5 years	710	4,892
School Children	433	2,341
Tuberculosis	67	1,147
General Cases (including all acute and chronic work)	7,323	91,266
TOTAL	8,584	100,887

No night nursing service is provided, but arrangements are made for night nursing in necessitous cases, lists of people willing to sit up being kept for this purpose. Nursing equipment is supplied on loan to patients from a stock held by the Association.

In addition to the training of student nurses already mentioned, refresher courses are arranged locally and nurses also attend courses of this type in London in rotation.

9. VACCINATION AND IMMUNISATION

(a) VACCINATION

Since the repeal of the Vaccination Acts sustained efforts have been made to encourage infant vaccination on a voluntary basis by the issue of pamphlets urging vaccination at the age of three months at one of the Authority's clinics or by the private doctors, most of whom have co-operated readily in the arrangements made with them under this Section of the Act. Health visitors also urge the desirability of early vaccination, which is particularly necessary in a town with Service associations, as these ultimately necessitate adult vaccination of many members of the community. Details of the Authority's arrangements for vaccination and immunisation are also published regularly in the local newspaper and displayed at all clinics.

The proportion of infants vaccinated during the first year of life in 1952 again shows a slight decrease—1,161 vaccinations, or 31·2% of the total births, compared with 31·4% in the previous year and 32·9% in 1950. Thus, the decline since the repeal of the Vaccination Acts in 1948 in the percentage of children under five who are protected by vaccination has continued, although the local percentage may be regarded as fairly satisfactory compared with the rate for the whole country of about 24%.

(b) IMMUNISATION

The scheme for diphtheria immunisation (started in 1935) was already fully developed in Portsmouth prior to the Act, no fewer than 17,000 school children, representing about 45% of the entire school population, and over a thousand under-fives having been immunised in one year before the war. The Medical Officer responsible now visits regularly the network of immunisation clinics built up during the war, consisting of 7 fixed clinics, 50 schools and 6 day nurseries. In the use of a Mobile Unit to visit outlying districts, following announcements in the local press, at clinics, and on occasion by loudspeaker, and house-to-house calls by the district health visitors, Portsmouth may claim to be one of the first authorities to undertake large-scale immunisation in this way. Primary immunisation against diphtheria is advised at the age of nine months, a supplementary or "boosting" dose being given after four years at the time of school entry, and again, if practicable, after a further four years.

In addition, a register is kept of all births and when a child completes a course of immunisation this information is entered therein. When the child reaches its first birthday a check is made, and if he has not been immunised his name is placed on a list for enquiry by the district health visitor, who advises on the necessity for immunisation, if it is confirmed that this has not already been done, and gives an appointment for attendance at a convenient clinic or school. If the child still does not attend, a letter

is usually sent to the parents, again giving details of the nearest clinic and urging attendance. During 1952 the number of children immunised was :—

Primary immunisation

Under five	2,553
Five to fifteen ..	651
Over fifteen	10

Total ..	3,214
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Supplementary doses ..	6,551
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Grand Total .	9,765
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The total number of children immunised since the inception of the scheme in 1935	73,642
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The success of the diphtheria immunisation scheme is clearly shown in the appended table giving the yearly statistics of confirmed cases of diphtheria admitted to hospital and deaths from this disease.

Year	Admitted to		Year	Admitted to	
	hospital	Died		hospital	Died
1938	302	14	1948	6	—
1940	79	4	1949	7	1
1942	75	2	1950	1	—
1944	17	2	1951	5	1
1946	17	—	1952	—	—

Since 1945 children admitted to the day nurseries have been immunised against whooping cough, and from 1947 the scheme was extended to include other children whose parents wished to have them immunised against this disease. It is now advised that immunisation should be commenced at the age of six months, the Glaxo combined vaccine being used, so that on completion of the course of three doses at monthly intervals the child has also been immunised against diphtheria. During 1952, 1,792 children were immunised against pertussis.

Records have been kept of cases of pertussis occurring in immunised children and in most cases the attack has been slight.

10. AMBULANCE SERVICE

The Council's proposals provided for the extension of the pre-existing Municipal Ambulance and Medical Car Service to provide adequately for the conveyance, where necessary, at any time of the day or night, of persons suffering from illness or mental defectiveness, or expectant or nursing mothers. The present complement of vehicles and staff, together with the actual numbers engaged, are as follows :—

Ambulances ..	13 (12)
Cars	7 (6)
Staff	42 (40)

(a) WORK OF THE SERVICE IN 1952

During the year 59,421 patients were conveyed on 24,537 journeys, covering 250,940 miles. These statistics may be sub-divided as follows :—

Patients		Journeys		Mileage	
Lying	Sitting	Ambulance	Car	Ambulance	Car
14,642	44,779	12,755	11,762	121,392	129,548

The average mileage per patient was 4.2 ; the number of patients per journey 2.4, and mileage per journey 10.2. In addition there were 16,977 miles for ancillary work—conveyance of analgesia apparatus, abortive and service mileage, etc., and 11,405 miles on Civil Defence exercises and driving instruction.

(b) TREND AS COMPARED WITH PREVIOUS YEARS

The upward trend of demand on ambulance transport has continued, but to a lesser degree than in previous years, as is shown by the details of mileage run in the appended table.

Year	Patients carried			Mileage run		
	Total	Inc. over previous year in Number	Percentage	Total	Inc. over previous year in Miles	Percentage
1948	21,355	—	—	116,076	—	—
1949	28,579	7,224	33.8	212,282	96,206	82.8
1950	33,121	4,542	15.8	229,028	16,746	7.8
1951*	53,488	20,367	61.4	244,437	15,409	6.7
1952	59,421	5,933	11.0	250,940	6,503	2.6

* In 1951 the Ministry introduced a new method of counting the number of patients carried, so that the figures for 1951 onwards do not bear a true comparison with those of earlier years. (Previously, a patient taken to hospital for treatment and returned the same day was regarded as *one* "patient carried"; now this would count as *two* units on the grounds that two patient carrying journeys were necessary.)

In 1952 the greater part of the increase has been in sitting cases conveyed for treatment to out-patient departments, and in the past two years there has also been an increasing number of stretcher out-patients. The number of admissions by ambulance has remained at a fairly constant level, as have transfers between hospitals. The number of discharges of patients as stretcher cases, however, has increased.

(c) SPECIAL ARRANGEMENTS WITH HOSPITALS, GENERAL PRACTITIONERS, ETC.

All requests must normally be originated by a doctor, and no calls from the public are accepted other than emergency calls ("999"). Requests of an emergency nature are accepted from midwives, senior nursing staff, the police, and duly authorised officers of the Mental Health Service. Appointments are arranged so far as possible to "spread the load" and ensure transportation with the minimum of vehicles and mileage. Conveyance of out-patients is reviewed by the hospitals periodically, and the ambulance staff report to the Ambulance Officer any patient who appears to be capable of travelling by public transport ; he also undertakes periodic checks.

Requests by general practitioners are few in comparison with those from hospitals ; they usually state clearly the reason for removal, or give it if requested.

All requests for conveyance of patients are made to the Ambulance Service and none directly to the Hospital Car Service, which undertakes on occasion the conveyance of sitting cases for some longer journeys, of which

due notice can be given. The hospital staffs and, indeed, all concerned have been most co-operative, thereby ensuring that any misuse of the Service is extremely rare.

The Ambulance Service is responsible for the transportation of "gas and air" analgesia apparatus and midwives to urgent cases, and there is close liaison with the adjoining County Councils of Hampshire and West Sussex in respect of patients conveyed under Section 24 of the National Health Service (Amendment) Act of 1949 and for emergency calls.

All ambulances and cars are post-war models, although several have now done a considerable mileage and will shortly require to be replaced.

In mid-1952 oxygen was substituted for oxygen/carbon dioxide cylinders used with the "Novox" resuscitators, in accordance with the recommendation contained in Home Office Fire Service Technical Bulletin No. 4/1952. One resuscitator is normally carried on the ambulance reserved for accident cases, and two others are available at the station when required. The ambulance staff have now been instructed in the Holger-Neilson method of artificial respiration.

In the near future installation of radio-telephony on all vehicles is contemplated.

11. PREVENTION, CARE AND AFTER-CARE

(a) TUBERCULOSIS

The Tuberculosis Service is centred on the Chest Clinic, and is fully integrated as between the Regional Hospital Board and the Local Authority, working as a single unit. All out-patient sessions, with the exception of A.P. clinics, are held at the Central Clinic, which has full x-ray facilities, and 158 tuberculosis beds in Portsmouth Group Hospitals are under the direct control of the chest physicians. Three whole-time chest physicians are employed by the Regional Hospital Board, the Local Authority contributing a proportion of the salaries of two of them.

Four health visitors are employed by the Local Authority solely for the tuberculosis service and four general health visitors are engaged part-time on this work. All these devote some time to duties at the Clinic as well as to their major interest—home visiting.

(i) *Prevention*

Contact examination is rigorously pursued, as is evident by the increasing number of contacts examined year by year. In 1952, for example, 904 new contacts were examined (231 primary notifications). The Mass Radiography Unit, which is largely resident in the City, contributes a high percentage of cases diagnosed; in 1952 over 25%. In the past two years B.C.G. inoculation has been offered to all tuberculin-negative child contacts and a monthly vaccination session is held at the Clinic for this purpose. In 1952 155 children were vaccinated.

The Local Authority give priority to tuberculous families living in overcrowded conditions and approximately one in twenty-five houses is allotted on this basis.

(ii) *Domiciliary Treatment*

Domiciliary treatment is undertaken, where necessary, but every attempt is made to get patients needing active treatment into hospital, more emphasis being placed on spending the time of convalescence at home. However, some patients are treated at home mainly on the lines

of bed-rest, with or without chemotherapy. The Local Authority has provided a stock of bed rests, air cushions, etc., which can be loaned to patients at home.

(iii) *Care and After-care*

The almoning team, consisting of a senior and an assistant almoner and a part-time clerk, is attached to the clinic, part of this service being financed by the Hospital Management Committee. An occupational therapist employed by the Hospital Management Committee devotes a part of her time to domiciliary cases, and an active Tuberculosis Care Committee does a great deal of good work for necessitous patients.

Free milk is provided by the Local Authority for those patients with active disease, whose incomes come below a certain limit, and £1,700 was spent on this service during 1952.

(iv) *Rehabilitation*

Patients are sent to Enham-Alamein, Papworth and Preston Hall for rehabilitation and maintained there by the Local Authority.

A Remploi Factory, manufacturing cardboard boxes, was started in the City in 1951, and this employs only disabled tuberculous people. It has provided employment in a number of cases and has also given other patients opportunity for rehabilitation.

Liaison is maintained with the Ministry of Labour through regular rehabilitation sessions at the Clinic, at which patients are interviewed by the Disablement Resettlement Officer, Almoner and Consultant Chest Physician. These have proved helpful in obtaining employment for many patients either before or after rehabilitation and training at one of the Ministry's centres.

(b) ILLNESS GENERALLY

The Authority has not, as yet, developed any extensive scheme for care and after-care, but as mentioned in earlier sections of this report consideration is given to cases requiring special attention, such as home help, supply of nursing equipment or convalescent treatment, and in the care of the aged in their own homes the scope of the health visitor's work is continually increasing.

Although the establishment of local authority medical loan depots and the extension of those already operated by voluntary organisations was envisaged in the proposals, the financial position has not allowed this. Nursing equipment has, therefore, as mentioned previously, continued to be issued on loan by the Victoria Nursing Association, the St. John Ambulance Brigade and the British Red Cross Society. Some items of equipment are, however, supplied by the Local Authority for the permanent use of patients nursed in their own homes, charges, where appropriate, being made in accordance with the Authority's approved scale of assessment. Convalescent home treatment is also provided for patients in need of recuperative rest after illness or operation, on the recommendation of either a medical practitioner or a hospital medical officer; here, again, a charge is made if the patient's means allow it.

12. DOMESTIC HELP

From the "appointed day" the scope of the existing scheme was extended to include any household where help was required "owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective,

aged, or a child not over compulsory school age". A whole-time organiser was appointed in October, 1948, but owing to ill-health she resigned in 1950. Visiting by the organiser to the homes of applicants for home help (as it is now called) showed that there is a wide field of service in this branch of work, especially with regard to the aged and those suffering from tuberculosis, and if financial conditions permitted this scheme could be greatly extended. Since the resignation of the organiser, health visitors have investigated applications for assistance, the amount of help required being decided in accordance with their reports. An undertaking is then signed by the applicant agreeing to the regulations and to payment of the assessed charge. All helps are employed part-time and paid on an hourly basis. Uniform is provided in the form of overalls with badge to be worn when at work.

Home helps attending tuberculous cases are entirely volunteers for this type of work, and may discontinue attendance on any patient and be transferred to another type of case should they so desire. Precautionary instructions are given them and they are encouraged to take advantage of the local Mass Radiography Unit.

As will be seen from the appended table the number of cases helped and hours worked has, since the inception of the National Health Service, remained at practically double the corresponding figures for 1947.

Year	No. of Helps	Maternity Cases		Total Cases	
		No.	Hours Worked	No.	Hours Worked
1947	47	112	6,035	260	31,658
1948*	76	84	4,109½	394	50,528½
1949	57	109	7,511¼	509	64,181¼
1950	52	177	9,874	503	58,688¾
1951	58	112	7,957¾	506	55,719¾
1952	58	138	5,459	516	59,500½

* Half-year only of National Health Service.

At present there are no facilities for training home helps, but talks are shortly to be given by senior nursing staff on the care and management of maternity and tuberculous cases.

13. HEALTH EDUCATION

Health education has been carried out on an appreciable scale for many years in Portsmouth, although recent activities are somewhat less than pre-war, owing to the unfavourable financial circumstances now prevailing. The more general features, such as the distribution of leaflets, giving of lectures, display of posters and participation in exhibitions, are all continuations of previous practices. Other activities since July, 1948, have been—

The launching of a local Food Hygiene Campaign, commencing with a public conference, and embracing meetings with representatives of the local Food Traders' Associations, the showing of Central Office of Information films, lectures to canteen staffs, and the distribution of a specially prepared brochure. The latest feature of this campaign has been the distribution of cards to shopkeepers, asking people not to bring dogs into food shops.

Progressively increasing joint publicity with the local Mass Radiography Unit for the annual public sessions. A recent departure has

been the setting-up of preliminary appointments bureaux—most sessions now being “by appointment only”.

Building up a display circuit, currently including eight local factories, for the light display stand obtained from the Central Council for Health Education, to which the Authority contributes annually, thereby participating in the lecturing, etc. services from time to time extended by them.

Publishing an illustrated *Health Services Handbook*, which is revised every two to three years.

Having a number of traffic notices prepared and displayed in local public service vehicles, together with sets of large posters for the two remaining former Empire Marketing Board frames, in connection with measles outbreaks, etc.

The launching of a local Cancer Education campaign, which has included two large meetings, the formation of a local committee, several lectures to interested bodies, and the distribution of leaflets.

The position regarding accidents in the home has been kept constantly under review, especially insofar as burns from unguarded fires are concerned. Royal Society for the Prevention of Accidents posters on this topic have been displayed in child welfare centres, and preliminary approaches made to local retailers of electric fires concerning the provision of guards. Advice is also regularly given by health visitors on these matters.

14. MENTAL HEALTH

(i) ADMINISTRATION

(a) *Committee*

The prevention, care and after-care of mental illness and mental defectiveness are undertaken by the Mental Health Service, which is administered by the Mental Health Sub-committee of the Health Services Committee.

(b) *Staff*

Under the direction of the Medical Officer of Health the work of the Service is performed by the following staff:—

One medical officer employed part-time on the supervision of mental defectives in their own homes.

Executive officer—lay administrator, petitioning officer, with duly authorised officer powers.

Senior psychiatric social worker—has duly authorised officer powers.

Six mental health social workers—three men and three women, of whom the former have duly authorised officer powers. Of the three men, two were for many years relieving officers and the third a charge nurse in a mental hospital; and of the three women, two possess social science diplomas, and the third, though without academic qualification, has had many years' experience in social work.

A fluctuating number of students.

Occupation Centre Staff:

Supervisor. Handicraft Instructor.

Five Assistants. Handicraft Instructress (who is also home teacher).

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

Until the 31st October, 1952, the Service was organised on the basis of a joint-user agreement between the Local Health Authority and the Regional Hospital Board, and was thus able to deal with the problems of mental health from every aspect, and was the link between the in-patient and out-patient treatment and after-care facilities of the Regional Hospital Board at St. James' (Mental) Hospital, and Saint Mary's (General) Hospital and the community care arrangements of the Authority.

The user of the Local Health Authority staff by Saint Mary's Hospital relates only to the supervision of mental defectives on licence from that Hospital, and continues to exist ; but during the year, although so far as the Local Health Authority was concerned, the arrangement for joint-user of specialist and lay staff with St. James' Hospital produced in practice, as in theory, the most excellent results, the Management Committee of St. James' Hospital sought the termination of the arrangement on the grounds of economy.

The former Physician Superintendent of St. James' Hospital (who retired in June, 1952) was Clinical Consultant for mental health to the Medical Officer of Health and styled Medical Director of the Service. In view of the advisory service of the psychiatrists of St. James' Hospital being available to the Local Health Authority through the normal consultant channels, no successor in this office has been appointed.

(d) *Duties delegated to Voluntary Associations*

No duties are (or were) delegated to any voluntary association.

(e) *Training*

The service has been recognised as a training unit by London, Manchester and Edinburgh Universities for the practical training of students in psychiatric social work, and by all those British Universities who confer a social science diploma. The students at present in the Service have been under the personal tuition of the senior psychiatric social worker. A smaller number than usual of such students has been trained during the year owing to the illness and death of the former senior psychiatric social worker, who was a recognised tutor.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Under Section 28, National Health Service Act, 1946.*

The Service continued to maintain a close liaison with the various regional and local departments of the National Health Service and with the Ministry of Labour, Ministry of Pensions, and all other social agencies in the City, in the provision of community care for the prevention of mental illness, and the care and after-care of mental patients and mental defectives. So far as persons discharged from St. James' Hospital are concerned, this facility is now naturally confined to those who are not receiving out-patient treatment as a feature of after-care.

A particularly useful liaison exists between the School Medical Service and the Mental Health Service with a view to any school child tested by the Educational Psychologist and considered to be in need of it receiving community care.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930*

457 persons were referred as cases of alleged mental illness. Of those cases dealt with under the Lunacy Act, 1890, 119 were admitted to designated wards under Section 20. 16 were admitted thereto by Orders of Justices

under Section 21 ; 46 were admitted to mental hospitals under Section 16, and 22 were admitted to mental hospitals by Urgency Orders under Section 11. Of those dealt with under the Mental Treatment Act, 1930, 93 became voluntary patients under Section 1, and 50 were admitted to mental hospitals as temporary patients under Section 5. Because of the lack of more appropriate accommodation, 14 cases were admitted to geriatric wards. In 97 cases the Justices to whom notice was given considered no action was required. The extreme shortage of hospital observation beds designated for the purposes of Sections 20 and 21 of the Lunacy Act, 1890, is still attended by the undesirable risk of recourse to admission to mental hospitals by reception and temporary treatment orders.

(c) *Under the Mental Deficiency Acts, 1913–1938*

(i) *Arrangements for ascertaining and supervising mental defectives*

The liaison with other departments and agencies mentioned above has been developed to the extent that the powers and duties of the local health authority concerning mental defectives are widely known. In the process of ascertainment, where diagnostic confirmation is required, this is available through the consultant services of the psychiatric staff of St. James' Hospital, and supervision is carried out by the foregoing staff of social workers.

At the end of 1952 there were 208 mental defectives under statutory supervision, and a further 374 under "voluntary supervision" not being "subject to be dealt with".

(ii) *Guardianship*

Mental defectives under guardianship (of whom there were 99 at the end of the year) are similarly supervised, the frequency of visitation being determined by the nature of the case. Medical supervision under Article 76 (1) of the Mental Deficiency Regulations, 1948, is carried out by a part-time medical officer of the Council. Of the number given, 12 cases were, at the end of the year, placed with nominees of the Guardianship Society. Of both these and local cases, the majority of those needing pecuniary assistance are now maintained by the National Assistance Board.

Mental defectives on licence locally from Saint Mary's Hospital and other mental deficiency hospitals are supervised by the Mental Health Service by arrangement with the various hospital management committees.

(iii) *Arrangements for providing occupation and training for defectives*

An Occupation Centre for mental defectives is in operation, having 70 patients of both sexes on the register at the end of 1952, chiefly of low-grade feeble-minded and imbecile grade, divided into primary mixed and intermediate mixed classes, and a senior male class. Instruction is given in sense training, elementary handicrafts, reading and writing and physical training. A senior female class of 22 meets on three afternoons and one morning weekly, under the handicraft instructress, who also gives home teaching to suitable cases.

CARE OF THE AGED

The Welfare Services Committee, responsible under Section 21 of the National Assistance Act, 1948, for providing "residential accommodation for persons who, by reason of age, infirmity, or any other circumstances, are in need of care and attention which is not otherwise available", continued their programme of providing hostels for old people, and, in June, 1952,

St. Bernard Lodge, Merton Road, was opened. This hostel provides accommodation for 37 old people, and is the second to be established, the first being St. Vincent Lodge, Kent Road, with accommodation for 21 old ladies. Extensions to the latter will commence shortly and increase the number of beds to 36. The adaptations to St. Mary's House, mentioned in last year's Report, are now complete and furniture is awaited before opening. In addition, extensions are under way at the Jubilee Homes for the Blind, which at present accommodate 24 elderly and infirm blind persons.

The Old People's Welfare Committee of the Portsmouth Social Service Council continue to expand and extend their assistance to elderly persons in the City. In addition to a hostel, Sunbury Court, providing accommodation for 26 old ladies, which has been constantly full since opening in 1950, the Committee find individual accommodation for old people who would be either unsuitable for admission to hostels or for whom a place is not available; they also help in finding suitable nursing homes in certain cases. Their programme now includes the building of four bungalows for elderly married couples in Northern Parade. Recreational activities include parties, outings, the provision of wireless, food parcels, and many other forms of social service, including the "Good Companions" clubs. The Committee maintain a close liaison with hospital almoners and health visitors, and are often able to assist in cases referred to them from these sources. They also undertake a great deal of friendly visiting and, in short, co-operate generally with all other bodies, official and voluntary, who are interested in the welfare of old people.

The Women's Voluntary Services, who are responsible for the administration of Queen Anne Lodge, Shaftesbury Road, Southsea, providing accommodation for 20 able-bodied elderly persons able to pay for their own maintenance, are also active in this field of social service. They run a "meals on wheels" service, delivering a two-course meal at a very reasonable charge to old people in their own homes twice a week, and have also started a mobile library for old people. The latter has proved so popular that it has been necessary to divide into two sections, north and south, and send out additional supplies of books. Four "Darby and Joan" clubs, with a membership of about 600 and a waiting list, are also carried on under the auspices of the W.V.S., and members of the service are always willing to undertake friendly visiting of lonely old people.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

Section 47, which gives local authorities power to effect the removal to hospitals of persons who, because of grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, are unable to devote to themselves, and are not receiving from other persons proper care and attention, was amended by the National Assistance (Amendment) Act, which came into force on 1st September, 1951. Briefly, this means that it is now possible to arrange for the removal of persons in need of care and attention immediately; formerly it was necessary to give seven clear days' notice.

Only one case was dealt with under this Section of the Act, that of an elderly lady who refused hospital care, although her doctor had repeatedly urged the necessity for this. An Order was accordingly obtained from the Magistrates' Court for her removal to Saint Mary's Hospital.

Many other cases were investigated and visits made by health visitors, sanitary inspectors and members of the medical staff to elderly persons living alone or receiving inadequate care. The action taken to remedy the unsatisfactory conditions prevailing in these homes included the provision

of home help or home nursing, supply of clothing and bed linen through voluntary agencies or the National Assistance Board, etc. Some were persuaded to enter St. Mary's House voluntarily, and others have been kept under regular supervision, so that further action may be taken should conditions deteriorate.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES (pages 59-76)

The numbers of cases of infectious diseases as a whole have shown a marked decrease—this being accounted for mainly by the decrease in whooping cough (181 : 390) and measles (2,618 : 2,808). No case of diphtheria was notified and none proved to be this disease on admission to hospital. (It will be noted in the report of the Physician Superintendent of the Infectious Diseases Hospital that reference is made to one case of diphtheria—this case was admitted in 1951 and discharged in 1952, and was therefore included in the figures for the former year.)

Of the 32 proved cases of poliomyelitis mentioned on page 72, eleven were admitted from within the City and, of this number, one died. These figures correspond closely with those for 1951.

The increase in puerperal pyrexia to 44 cases is due to a change in the notification procedure—any rise of temperature to $100\cdot4^{\circ}$ F. during the first fourteen days of the lying-in period having now to be notified. These regulations came into force in August, 1951, and 1952 is therefore the first full year in which they have been operative. Ophthalmia neonatorum also showed a marked increase—14 cases being notified in 1952.

Two cases of typhoid fever occurred, both being discovered whilst the patients were in hospital for other reasons. These on investigation proved to be of the local phage type, E.1, but no connection between the two, or with previous known cases, could be discovered. Three cases of paratyphoid B were investigated—again with negative results as to the source of the disease, although all the contacts were bacteriologically examined and family histories and movements probed. One woman who worked in a restaurant was temporarily excluded as a suspect until she had been fully investigated.

TUBERCULOSIS (pages 59-61)

Details of the general organisation of the Tuberculosis Service are set out in the special Survey Report on pages 24-25, while the report of the Almoner and the statistical tables relating to the work of the Chest Clinic, kindly supplied by the Consultant Chest Physician, will be found on pages 59-61.

As will be evident from the appended table, showing deaths from tuberculosis annually for the period 1947-52, the dramatic decline in deaths from respiratory (pulmonary) tuberculosis, already commented upon, has continued during the year under review :—

	RESPIRATORY			NON-RESPIRATORY			COMBINED		
	M.	F.	Total	M.	F.	Total	M.	F.	Grand Total
1947 ..	84	60	144	10	10	20	94	70	164
1948 ..	69	51	120	7	3	10	76	54	130
1949 ..	62	36	98	5	4	9	67	40	107
1950 ..	56	31	87	6	2	8	62	33	95
1951 ..	39	21	60	5	1	6	44	22	66
1952 ..	40	11	51	7	4	11	47	15	62

From the foregoing statistics it will be seen that in 1952 only 51 persons—40 men and 11 women—died of respiratory tuberculosis, whereas in 1947 144 persons—84 men and 60 women—died of this disease. It is considered that improved methods of treatment by new drugs and thoracic surgery, together with the work of the Mass Radiography Unit in finding cases in the earlier and more treatable stages of the disease, share the credit for this truly remarkable achievement.

MASS RADIOGRAPHY (pages 62–69)

During the year the Mass Radiography Unit operated in the City, with the exception of 14 weeks when surveys were made at Waterloo, Havant, Bognor Regis, Worthing, Christ's Hospital (Horsham), and Gosport—Admiralty employees only.

Public sessions were again popular, 2,919 (4,104) persons being x-rayed in Portsmouth. General practitioners referred no less than 1,981 (1,538) persons for investigation at the Unit; from this source of referral a high proportion of cases suffering from active tuberculosis in need of treatment was discovered; indeed, more than from all other groups combined. An innovation in 1952 was the x-raying of patients referred to the consultant surgeons' out-patient sessions. Clearly every encouragement must be given to the family doctor to send his patients for x-ray, a policy started many years ago at this Unit, and this would be greatly facilitated by the provision of a static unit to remain at headquarters throughout the year.

A total of 45,049 (37,347) examinations was carried out during the year (the highest number ever recorded), including 26,552 (23,151) in Portsmouth; of these 83 (87) were found to have *active* pulmonary tuberculosis—equal to a total rate of 3·1 (3·8) per thousand examined—thus continuing the welcome decline in the proportion of cases of active disease found, a fall noted for the first time in 1951.

As Dr. Lendrum points out in his interesting and most comprehensive report on pages 62–64, "the fact that over 55% of all cases found in Portsmouth are under the age of 25 suggests that B.C.G. for school-leaving children might be of value in preventing disease. The Joint Tuberculosis Council have recently made some recommendations with regard to the skin testing of children, and this testing, combined with an organisation for the giving of B.C.G. to negatively reacting school-leavers, should act as a further check to the incidence of disease in these vulnerable age groups".

VENEREAL DISEASE (page 70)

The number of cases of syphilis remains practically the same as for 1951, but there has been a marked increase in cases of gonorrhoea—94, compared with 44. As the medical officer in charge of the V.D. Treatment Centre remarks, this increase may be partly accounted for by the determined efforts made in the tracing of contacts.

The following table gives the number of cases treated over a period of several years before the late war, compared with those treated in the last three years.

				<u>Attendances at Special Clinic :</u>		Total cases seen
		<u>Syphilis (all stages)</u>	<u>Gonorrhoea</u>	<u>Not requiring treatment</u>		
1934	..	143	193	275	1,319	
1938	..	141	165	288	1,193	
1950	..	73	49	391	1,004	
1951	..	49	44	258	841	
1952	..	48	94	206	844	

CANCER (page 74)

The death-rate from this disease, which now includes leukaemia, decreased from 2·09 per thousand population in 1951 to 1·95 for the year under review ; this represents a total of 472 (510) deaths. Consideration of the table on page 74 gives a more detailed analysis of this figure, and reveals that, while the total deaths from cancer of the stomach increased from 72 to 87 in 1952, deaths from all other forms of cancer have decreased.

CANCER EDUCATION

The Portsmouth Cancer Education Committee, formed in November 1951, made steady, exploratory progress in its first full year of operation. Caution was dictated both by the example of the relevant national bodies, whose plans were indefinite and are only now beginning to crystallise, and by the attitude of the local medical practitioners, who on the whole are opposed to cancer education at present. In these circumstances it was considered better to proceed slowly and await developments, rather than to embark prematurely on a course of action that might subsequently have to be retracted.

Despite this, the Executive Committee, a small body of enthusiasts, met regularly throughout the year. Leaflets were distributed, lectures given on request, and a large meeting arranged in November which was addressed by Mr. R. W. Raven, O.B.E., F.R.C.S., Vice-Chairman of the Marie Curie Memorial Foundation. It is possible that some closer liaison with this particular body, which is the one most active in the field of cancer education, may be arranged this year.

PARASITIC INFESTATION (pages 75–76)

(a) SCABIES

Unfortunately the decline in the incidence of scabies recorded in recent years has not been maintained during 1952, when 109 cases were treated, compared with 47 in the previous year, and 64 in 1950. This rise is not confined to one particular section of the community, but appears general throughout all age groups.

(b) PEDICULOSIS

There was also an increase in the number of cases of pediculosis treated—1,039 persons receiving treatment, compared with 888 in the previous year and 1,016 in 1950. The greatest increase was in the 5–15 age group; particularly in boys. The reasons for these increases are not known; this problem is one which is exercising the minds of local health authorities all over the country.

96 families had previously been treated for pediculosis and ten had attended before with scabies. The same routine has been followed by the staff at the Disinfestation Clinic.

PUBLIC BATHS

(pages 77–78)

Although the total number of persons, 97,740, using the Public Baths in 1952/53 was not quite equal to the record figure of 101,488 for the previous year, the financial situation is still satisfactory—the receipts of £3,895 17s. 8d. being only £162 less than the previous year's record total of over £4,000, thus comparing very favourably with annual receipts of less than half these amounts before the filtration plant was installed in 1949. The decline in

attendances during 1952 was almost entirely in the swimming classes for school children, where attendances were nearly 3,000 less than in the previous year.

The swimming pool continues to be very popular, and it may be of interest to compare the attendance figures over a number of years as given below :—

<u>Year</u>	<u>SWIMMING POOL</u>					<u>No. Attending</u>
1948	19,920
1949	33,643
1950	28,091
1951	34,547
1952	34,574

The chlorination and filtration plant installed in 1949 is, I feel sure, largely responsible for the increased attendance. The general public is now well aware of the fact that the water in the baths is invariably clean and pure, and at the same time much more pleasant to swim in.

Unfortunately it has not yet been possible to proceed with the proposed reconstruction of the slipper bath section ; it is hoped that it will not be necessary to delay this work much longer as conditions are, of course, deteriorating, and this has already had some effect on the attendances in this section of the baths.

INSPECTION AND SUPERVISION OF FOOD

(pages 79–83 and 85–88)

The percentage of samples of food and drugs found to be adulterated, incorrectly labelled or otherwise unsatisfactory (8·04%) was less than that for the previous year (10·7%).

The total number of samples taken was 1,665, a decrease of 21 when compared with the number taken in 1951.

The first reference to a scheme for the provision of a regional abattoir appears in my report for 1947, and in 1949 I made comment to the effect that the experimental Government abattoir sited at Funtley, near Fareham, was anticipated to be completed in 1951. It is therefore of interest to record that this slaughter-house commenced operations in November of the year under review.

FOOD POISONING

Eighteen definite cases of food poisoning occurred during the year, 17 of them being due to salmonella typhi-murium. In five investigations other members of the family were found to be apparently healthy excretors, although these excretors would quite frequently remember an obscure intestinal upset.

132 of the 206 cases of diarrhoea and vomiting recorded and investigated proved to be sonné dysentery. Again many unaffected contacts were found to be excreting the organism, and it was often difficult to know how far to proceed with dysentery investigations. One definite fact that does emerge from enquiries is that many more cases of diarrhoea and sickness occur than are notified or even seek medical advice.

During 1952 there were several minor outbreaks of sonné dysentery—in a Services Children's Home, in two local hospitals and in a Military families hostel.

SANITARY CIRCUMSTANCES

(pages 84-97)

WATER SUPPLY

There is nothing new to be recorded regarding the water supply, which continues to be of excellent character in both purity and quantity. The results of the Public Analyst's chemical and bacteriological examinations are referred to on page 117.

HOUSING

The City Architect has supplied the following information regarding housing progress during the year :—

611 dwellings were completed during 1952.

(190 private enterprise)

1,104 were under construction.

(116 private enterprise)

These figures include houses outside the Local Authority's boundary.

DISPOSAL OF THE DEAD**MORTUARY ACCOMMODATION**

The number of bodies received into Park Road mortuary during the year was 310, compared with 315 in 1951. The proposed scheme detailed in the Report for 1950 for the extension and modernisation of existing mortuary facilities in the City, in collaboration with the Hospital Management Committee, is unfortunately still suspended owing to the financial situation with regard to capital expenditure ; improvements to the mortuary at Saint Mary's Hospital have, however, recently been effected, including the installation of a 12-body refrigerator rack and new post-mortem tables.

CREMATORIUM

The site now considered most suitable by the Minister of Housing and Local Government for the erection of a crematorium to serve this area is one in the vicinity of Portchester. Towards the end of 1951 a joint meeting of interested authorities was held, when it was decided that application should be made for planning permission for a site at Cornaway Lane, Portchester. Negotiations are in progress for the acquisition of a site.

ACKNOWLEDGMENTS

Once again I would record my appreciation of the assistance and encouragement given by the Chairmen and members of the Health Services and Health and Housing Committees. Thanks are also due to the Town Clerk and other chief officials of the Corporation for their help and advice so willingly given ; to my medical colleagues in the City for their helpful co-operation ; to the Medical Director of the Pathological Service, and to the various voluntary organisations in Portsmouth. I should also like particularly to express my gratitude to the Physician Superintendent of the Infectious Diseases Hospital for his assistance with epidemiological investigations, and to the Director of the Public Health Laboratory, Portsmouth, for his expert help in connection with enquiries into cases of infectious disease.

Special thanks are due to my Deputy (Dr. Woodrow), the Chief Sanitary Inspector (Mr. Appleton) and my Administrative Assistant (Mr. Woodcock) for their valuable assistance throughout the year, and I would again record my appreciation to the staff of the Health Department for their willing service.

I have the honour to be, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

June, 1953.

T. E. ROBERTS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

STATISTICAL SUMMARIES FOR 1952

Total Population (estimated by the Registrar-General) 242,600

GENERAL STATISTICS

Area in acres (land and inland water) 9,222
 Population (Census 1951—preliminary figure) 233,464
 Number of inhabited houses (including pre-fabricated bungalows) 54,478
 Rateable value (1st April, 1952) £1,863,578
 Nett product of a Penny Rate (year ended 31st March, 1953) .. £7,560
 Average number of persons in each house (Census 1931) 4.5
 Average number of persons per acre (Census 1931) 31.3
 Total rainfall 28.13 inches

EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
LIVE BIRTHS :				
Legitimate ..	3,499	1,758	1,741	} Rate per 1,000 population <u>15.43</u>
Illegitimate ..	245	116	129	
Total ..	<u>3,744</u>	<u>1,874</u>	<u>1,870</u>	

STILLBIRTHS :				
Legitimate ..	90	41	49	} Rate per 1,000 total births <u>23.98</u>
Illegitimate ..	2	2	—	
Total ..	<u>92</u>	<u>43</u>	<u>49</u>	

DEATHS	2,614	1,384	1,230	} Rate per 1,000 population <u>10.77</u>
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Deaths from :

(a) Complications of pregnancy and delivery	3
(b) Other complications of the puerperium	—
Total	<u>3</u>

Maternal mortality rate per 1,000 total births 0.78

Death rate of infants under one year of age :

All infants per 1,000 live births (87)	23.24
Legitimate infants per 1,000 legitimate live births (78)	22.29
Illegitimate infants per 1,000 illegitimate live births (9)	36.73

TABLE I
COMPARISON WITH PREVIOUS YEAR (1951)

	1952 Population 242,600		1951 Population 244,400	
	Number	Rate per 1,000 living	Number	Rate per 1,000 living
Births	3,744	15·43	3,677	15·05
Deaths	2,614	10·77	2,902	11·87
„ Principal Zymotic Diseases	10	0·04	14	0·06
„ Smallpox	—	—	—	—
„ Measles	—	—	2	0·01
„ Scarlet Fever ..	—	—	—	—
„ Diphtheria	—	—	1	0·00
„ Whooping Cough ..	1	0·00	1	0·00
„ Fever (Typhoid and Para-Typhoid) ..	—	—	—	—
„ Enteritis and Diarrhoea (under 2)	9	0·04	10	0·04
„ Pulmonary Tuberculosis	51	0·21	60	0·25
„ Other forms of Tuberculosis ..	11	0·045	6	0·02
„ Cancer (including Leukaemia) ..	472	1·95	510	2·09
„ Influenza	2	0·01	35	0·14
	Number	Rate per 1,000 live births	Number	Rate per 1,000 live births
Deaths under 1 year of age	87	23·24	109	29·64
	Number	Rate per 1,000 total births	Number	Rate per 1,000 total births
Deaths—Maternal :				
Sepsis	1	0·26	—	—
Other Causes	2	0·52	3	0·80
Total	3	0·78	3	0·80

PROPORTION OF DEATHS FROM PRINCIPAL DISEASES

TOTAL — 2,614

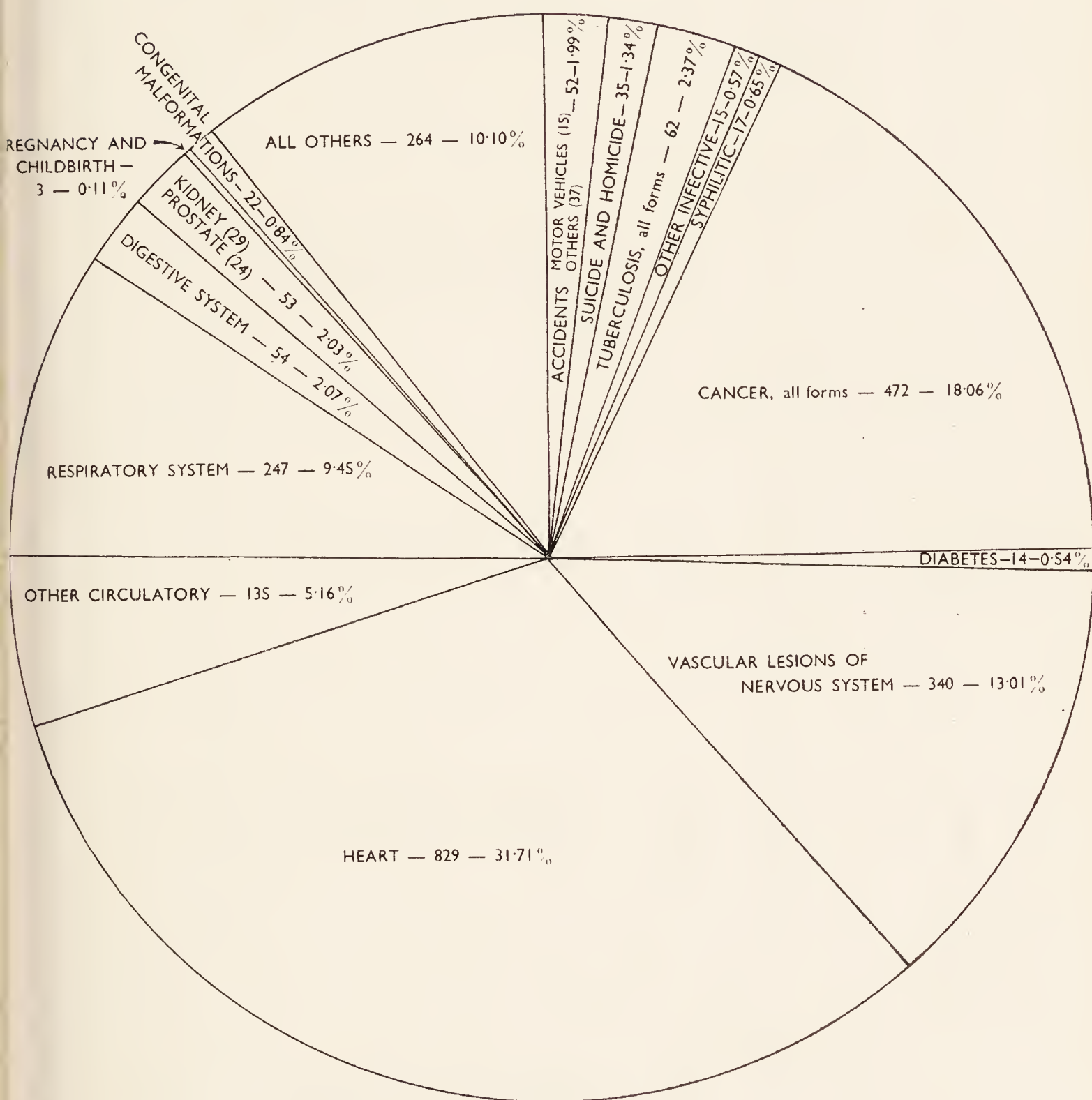


TABLE II
TABLE SHOWING BIRTH-RATE, DEATH RATES AND POPULATION
FOR YEAR 1952 AND THE TEN PRECEDING YEARS

Year	Birth-rate per 1,000 population	Death-rate per 1,000 population	Death-rate from zymotic diseases per 1,000 population	Deaths of children under 1 year—percen- tage of total deaths	Deaths of children under 1 year—per 1,000 live births	Population (R.-G.'s estimate)
1952	15.43	10.77	0.04	3.33	23.24	242,600*
1951	15.05	11.87	0.06	3.76	29.64	244,400*
1950	15.22	10.92	0.05	4.16	29.84	240,020*
1949	19.06	12.05	0.07	3.80	24.04	218,250
1948	21.06	11.01	0.06	4.45	23.28	216,200
1947	24.29	12.98	0.12	6.25	33.40	212,020
1946	23.69	12.13	0.07	6.65	34.05	204,540
1945	23.40	13.80	0.17	7.23	42.67	179,240
1944	23.53	15.23	0.17	6.95	44.98	155,860
1943	21.54	15.50	0.08	6.58	47.32	149,080
1942	20.68	14.68	0.09	5.88	41.77	143,500
Average for 10 yrs. 1942-51	20.75	13.02	0.09	5.57	35.10	—

(The most favourable figures in the statistics are shown in heavy type) * Total populations.

TABLE III — TABLE SHOWING POPULATION, BIRTH-RATE, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1952

Name of Authority	Population (Total)	Death-rates per 1,000 population from :												Death-rates per 1,000 population from :				Infantile Mortality Rate (per 1,000 live births)	Neo-natal Mortality Rate (per 1,000 live births)	Still-Birth Rate (per 1,000 total births)	Maternal Mortality Rate per 1,000 total births
		Adjusted Rates per 1,000 population		Typhoid and Paratyphoid Fever	Meningo- coccal Infection	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Measles	Acute polio- myelitis and encephalitis	Acute infectious encephalitis	Smallpox	Enteritis and Diarrhoea (under 2 years)	Tuberculosis Respiratory	Tuberculosis Other Forms	Cancer (including Leukaemia)				
		Birth	Death																		
BRISTOL ..	443,900	15.08	10.86	0.00	0.002	0.00	0.002	0.00	0.050	0.00	0.002	0.00	0.00	0.0045	0.205	0.025	1.922	21.45	15.09	20.86	1.01
CROYDON ..	250,500	13.2	11.1	0.00	0.008	0.00	0.00	0.00	0.036	0.00	0.008	0.00	0.00	0.008	0.224	0.016	2.263	20.0	13.8	22.5	0.56
PORTSMOUTH ..	242,600	16.20	11.20	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.04	0.21	0.045	1.95	23.24	15.22	23.98	0.78
COVENTRY ..	261,000	14.9	11.2	0.00	0.00	0.00	0.004	0.00	0.034	0.008	0.00	0.00	0.00	0.31	0.20	0.06	1.54	31.7	20.4	19.0	0.24
BIRMINGHAM ..	1,119,000	15.7	11.47	0.00	0.01	0.00	0.01	0.00	0.03	0.00	0.01	0.01	0.00	0.02	0.25	0.02	1.90	26.8	17.6	19.6	0.80
LEICESTER ..	285,900	15.6	11.5	0.00	0.0035	0.00	0.007	0.00	0.024	0.007	0.00	0.00	0.00	0.017	0.32	0.024	2.08	24.2	13.6	19.0	0.86
NOTTINGHAM ..	310,700	16.21	11.60	0.00	0.01	0.00	0.01	0.00	0.03	0.00	0.00	0.01	0.00	0.03	0.32	0.03	1.98	28.13	17.91	22.59	0.38
SOUTHAMPTON ..	175,500	16.80	11.69	0.00	0.006	0.00	0.006	0.00	0.017	0.011	0.006	0.006	0.006	0.017	0.387	0.034	2.165	28.88	20.82	33.12	0.65
CARDIFF ..	244,800	17.24	11.79	0.008	0.008	0.000	0.004	0.000	0.04	0.004	0.008	0.000	0.000	0.029	0.33	0.02	2.03	28.49	18.16	25.09	0.22
PLYMOUTH ..	218,600	16.75	11.85	0.00	0.009	0.00	0.01	0.004	0.03	0.00	0.009	0.00	0.00	0.045	0.22	0.02	1.73	29.53	20.94	22.70	0.84
SHEFFIELD ..	510,900	13.57	12.43	0.00	0.004	0.002	0.002	0.00	0.041	0.002	0.006	0.002	0.00	0.022	0.225	0.020	2.067	23.98	15.42	20.01	0.70
KINGSTON-U-HULL ..	299,400	18.57	12.64	0.00	0.01	0.00	0.00	0.00	0.03	0.01	0.00	0.00	0.00	0.06	0.30	0.02	2.04	39.75	21.58	24.05	0.53
SUNDERLAND ..	180,400	20.2	12.8	0.00	0.02	0.00	0.00	0.00	0.05	0.017	0.005	0.00	0.00	0.022	0.34	0.03	2.03	36.0	22.4	19.3	0.54
NEWCASTLE-U-TYNE ..	289,800	16.04	12.87	0.000	0.007	0.000	0.003	0.000	0.028	0.003	0.000	0.007	0.000	0.028	0.328	0.041	2.118	29.21	18.37	26.40	1.016
BRADFORD ..	288,000	16.0	13.2	0.00	0.003	0.00	0.00	0.00	0.04	0.003	0.003	0.00	0.00	0.02	0.23	0.03	22.81	33.0	20.0	30.0	0.84
LEEDS ..	504,800	14.7	13.4	0.00	0.002	0.00	0.00	0.00	0.05	0.01	0.01	0.00	0.00	0.01	0.22	0.02	1.08	30.0	18.6	23.0	0.76
MANCHESTER ..	705,400	16.65	13.50	0.00	0.003	0.00	0.01	0.001	0.03	0.01	0.001	0.003	0.00	0.03	0.38	0.03	2.18	34.28	21.75	27.45	0.71
LIVERPOOL ..	791,500	19.2	13.6	0.00	0.02	0.00	0.01	0.00	0.07	0.01	0.00	0.00	0.00	0.03	0.34	0.04	2.01	35.5	22.5	24.6	0.43
STOKE-ON-TRENT ..	272,300	15.52	13.76	0.00	0.0074	0.00	0.00	0.00	0.044	0.0073	0.00	0.0037	0.00	0.0147	0.348	0.026	2.071	28.0	19.0	28.0	0.436
SALFORD ..	176,400	16.69	13.85	0.00	0.011	0.00	0.00	0.00	0.023	0.00	0.00	0.006	0.00	0.04	0.35	0.006	2.262	34.8	19.35	19.3	0.63

METEOROLOGY — 1952

BAROMETER. The mean barometric pressure (corrected to sea level) for the year was 29·911 inches (29·846). The highest observed reading was 30·669 on 5th February (30·530), and the lowest 29·009 on 31st January (28·602).

TEMPERATURES. The mean temperature in the shade was 51·1° (51·4°).

Maximum. The mean maximum temperature in the shade was 56·4° (56·5), the highest being 86° on 1st July (78°).

Minimum. The mean minimum temperature was 45·8° (46·3°), the lowest being 24° on 27th January (26°).

Minimum on Grass. The mean minimum temperature on the grass was 41·2° (42·0°), the lowest being 19° on 27th January (21°).

Earth Temperature. The mean temperature at one foot below the ground was 52·6° (52·6°), and at four feet 53·2° (52·7°).

Frosts. The minimum temperature in the shade, four feet above the ground, fell to and below freezing point on 31 days (10), and there were 51 (37) ground frosts during the year.

SUNSHINE. 1,797 hours 18 minutes (1,815 hours 42 minutes) of sunshine were registered by the Campbell-Stokes recorder. The greatest amount on one day was 15 hours 12 minutes on 30th June (14 hours 48 minutes).

RAINFALL. The total rainfall was 28·13 inches (39·17). The greatest fall in twenty-four hours was 0·97 inches on 7th September (1·31).

HUMIDITY. The mean humidity of the air (saturation 100) was 78 (79).

The following phenomena were recorded :—

HAIL on four occasions (8).

SNOW or SLEET on eleven occasions (4).

THUNDER on twelve occasions (14).

FOGS. Thirty-two (16).

GALES. Twenty—12 fresh, 8 moderate (fourteen—11 fresh, 3 moderate).

AVERAGES FOR THE PAST TEN YEARS (1943–1952)

Rainfall	Sunshine	Mean Temperature
27·74 inches	1,798·4 hours	52·4

(Figures in brackets refer to 1951)

TABLE IV
MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1952

Month	Mean Pressure (ins.)	Mean Temp. F.	Absolute		Mean		Mean Daily Range	Sunshine		Rainfall			Relative Humidity (Saturation 100)
			Max. F.	Min. F.	Max. F.	Min. F.		Total No. of Hours	Days of 0.5 hrs. or more	Total m.m.	Total ins.	Days of 0.01 ins. or more	
January	29.843	40.3	54	24	44.8	35.7	9.1	106 hrs. 93 "	25	57.7	2.27	18	83
February	30.085	40.1	52	29	44.9	35.2	9.7	36 "	22	15.4	0.61	8	83
March..	29.776	45.2	58	31	49.5	40.8	8.7	24 "	21	64.2	2.53	17	85
April ..	29.953	50.4	72	32	56.4	44.3	12.1	0 "	26	30.5	1.20	11	75
May ..	29.937	56.8	72	45	62.5	51.0	11.5	6 "	27	50.7	2.00	14	71
June ..	29.993	60.4	80	45	67.1	53.7	13.4	54 "	30	37.4	1.47	7	71
July ..	30.052	64.9	86	49	71.5	58.3	13.2	42 "	28	6.4	0.25	4	69
August	29.846	64.1	74	52	69.3	58.8	10.5	6 "	30	55.4	2.18	13	76
September	29.908	55.2	72	40	61.3	49.1	12.2	42 "	25	127.0	5.00	17	75
October	29.796	52.0	61	38	56.4	47.5	8.9	54 "	22	94.0	3.7	19	81
November	29.872	43.3	58	31	47.1	39.5	7.6	0 "	14	109.2	4.3	13	78
December	29.855	41.0	53	29	45.7	36.2	9.5	48 "	19	66.5	2.62	15	84
TOTAL	—	—	—	—	—	—	—	1,797 hrs. 18 mins.	289	714.4	28.13	156	—
MEAN	29.911	51.1	86	24	56.4	45.8	10.6	48 mins.	24	59.5	2.34	13	78

TABLE V

MONTHLY ANALYSIS OF WIND DIRECTIONS

(recorded at 9 hours G.M.T.)

1952	N	NE	E	SE	S	SW	W	NW	Calm	Totals
January	1	2	3	—	—	9	10	6	—	31
February	3	3	2	—	—	6	9	6	—	29
March ..	1	8	5	5	3	7	1	1	—	31
April ..	2	3	2	5	3	10	3	2	—	30
May ..	1	2	5	7	4	7	2	2	1	31
June ..	1	2	1	4	4	8	6	3	1	30
July ..	1	3	1	1	1	10	8	5	1	31
August ..	3	4	2	2	1	13	5	1	—	31
Sept. ..	3	10	1	—	—	6	6	4	—	30
October ..	3	3	5	1	3	7	6	2	1	31
Nov. ..	1	7	5	—	—	4	3	7	3	30
Dec. ..	2	3	4	2	2	6	7	2	3	31
TOTALS ..	22	50	36	27	21	93	66	41	10	366
% ..	6	14	10	7	6	25	18	11	3	—

MATERNITY AND CHILD WELFARE

*By the Senior Assistant Medical Officer of Health
(Maternity and Child Welfare)*

CARE OF MOTHERS AND YOUNG CHILDREN

MATERNAL MORTALITY

The maternal mortality rate showed a slight decrease from 0·80 per 1,000 total births in 1951 to 0·78. This represents a total of three deaths, the causes of which were as follows :—

- (a) Septicaemia due to septic abortion. No evidence to show whether the abortion was spontaneous or induced. (P.M.)
- (b) Uterine haemorrhage. Hydatidiform mole. (P.M.)
- (c) Renal failure following haemorrhage and shock due to abortion arising from natural causes and probably due to pre-existing nephritis. (P.M. and inquest.)

Investigation into the above cases shows that in case (a) the pregnancy was only discovered at the post-mortem examination, the patient having been sent into the Infectious Diseases Hospital as a case of suspected tetanus.

In case (b) a tentative early diagnosis of hydatidiform mole was made but, while under observation in hospital, the patient had a sudden very severe uterine haemorrhage, from which she died before a blood transfusion could even be commenced.

In case (c) it is probable that, if ante-natal care had been sought, the nephritis would have been discovered at an earlier stage of the pregnancy when treatment was still possible.

INFANT MORTALITY

The infant mortality rate for 1952 showed a marked decrease—23·24, compared with 29·64 in 1951 ; the actual number of infant deaths was 87 (109). An analysis of these figures (page 51) shows that in 1952 the deaths occurring in the first four weeks of life numbered 57, and those from four weeks to one year 30 (comparable figures in 1951 were 65 and 44), making a neo-natal death rate of 15·22 in 1952, compared with 17·68. The analysis also shows that the decrease has taken place mainly in two categories, namely, immaturity 10 (27) and pneumonia 12 (24).

The increase in the number of deaths from post-natal asphyxia and atelectasis is possibly due to more accurate diagnosis of the cause of death resulting from the increased number of post-mortem examinations which now take place.

PREMATURE BIRTHS

Special visits were made by midwives and health visitors to all premature births. A premature baby outfit, including cot equipment, etc., is supplied by the local authority and is available for nursing premature babies on the district. This was used on three occasions.

The total number of premature births reported during 1952 occurring at home and in nursing homes was 74 (83). Of those born at home 1 (2) died during the first twenty-four hours, 1 (4) between the second and eighth days, 35 (37) were still surviving at the end of the month and 17 (10) were

transferred to hospital. Of those born in nursing homes no (1) baby died during the first twenty-four hours, 18 (26) were surviving at the end of one month, and 2 (3) were transferred to hospital.

OPHTHALMIA NEONATORUM

During the year 14 (1) cases of ophthalmia neonatorum were notified. The increase in the number of notifications appears to vary with the interpretation by different doctors of the necessity to notify the disease. While one may consider a case notifiable, however slight the eye discharge, another may not notify a case until the discharge is copious. No less than six of the 14 notifications were sent in by one doctor. There was no resultant impairment of vision in any of these cases.

ATTENDANCES AT CLINICS

There was a further increase in the number of patients attending the municipal ante-natal clinics in 1952—1,766, compared with 1,436 in 1951. During the year these patients made a total of 13,480 attendances, compared with 10,323.

The number of patients attending the post-natal clinics decreased to 322, compared with 425 in 1951; these patients made 554 attendances, compared with 565.

The child welfare clinics continued to be well attended, as will be seen from the table on page 48.

During the year a mothers' club was opened at the Portsea Child Welfare Centre, in addition to that at the Cosham Child Welfare Centre.

SUPPLY OF VITAMINS

Facilities continue to be available at the child welfare and ante-natal clinics for the issue of vitamins, etc., supplied by the Ministry of Food.

The uptake in Portsmouth of orange juice (vitamin C) was 32.3% (29.9%) of the potential, of A and D tablets 35.7% (35.1%) and of Government cod liver oil 25.9% (24.0%).

The foregoing statistics do not represent the total percentage of vitamins distributed to mothers and children, as the more palatable forms of vitamin preparations continue to be issued in large quantities from the child welfare centres.

NURSERIES

During the year the total number of children under five years of age admitted to the six day nurseries, in which 246 places were available, was 322 (277).

Medical officers of the Health Department regularly carried out medical examinations at Annesley House residential nursery.

DENTAL TREATMENT

Dental care of expectant and nursing mothers and of young children continue to be carried out mainly by the hospital authorities. During the year 453 cases were referred from the local authority's clinics, compared with 576 cases in 1951.

MIDWIVES SERVICE

The total number of domiciliary midwives who sent in their notification to practise during 1952 was 24 ; of this number 21 belong to the Portsmouth Municipal Service, and three are district midwives who practise privately. The total number of cases delivered by municipal midwives was 1,438 and by independent midwives 35 ; the former figure represents an average of 85.1 (79.9) cases per midwife per annum.

Close liaison is maintained between the maternity section of the Health Department and the hospital maternity booking office. The Supervisor of Midwives continues to make investigations into home conditions in cases where admission to hospital is sought on grounds of unsuitable accommodation at home.

The domiciliary service of midwives continues to undertake the district training of pupil midwives for their Part II examination. During the year 33 pupils entered for the examination, 28 being successful.

ANALGESIA IN CHILDBIRTH

There was a slight decrease in the number of cases in which gas and air analgesia was administered on the district. The percentage of cases to whom this form of analgesia was administered in 1952 was 83.9, compared with 86.3 in 1951.

The administration of pethidine by the midwives continues to be most successful and much relief has been brought to mothers in labour.

The following is an analysis of cases :—

Gas and air and pethidine used	..	..	..	720
Gas and air alone used	..	..	..	486
Pethidine alone used	..	..	..	31

The remaining number of cases—201—were those in which a different form of analgesia was used, those where for medical reasons it was contra-indicated, those in which the delivery was too rapid, and those where the mothers preferred to have no analgesia.

DOMESTIC HELP SCHEME

The above scheme continued to work satisfactorily ; all cases receiving assistance are carefully selected and supervised.

An analysis of the statistics of the Home Help Service for the year 1952 is as follows :—

Number of home helps at the end of the year	..	58
Number of maternity cases helped	..	138
Number of tuberculosis cases helped	..	31
Total number of cases helped	..	516
Number of hours worked for maternity cases	..	5,459
Total number of hours worked	..	59,500½

HEALTH VISITING

The number of health visitors employed at the end of the year was 20, of whom two were employed as full-time and three as part-time tuberculosis visitors. There was also one trained nurse engaged as a full-time tuberculosis visitor.

The total number of visits paid was 58,432, compared with 61,479 in 1951.

The number of visits paid to children under five years of age during 1952 was 52,442, compared with 54,843 in the previous year. 2,103 (2,459) were paid to other age groups in the family, especially the aged, and 3,887 (4,177) to tuberculosis patients.

The Health Visitor Training Course continued at Southampton University and the scheme of "assisted course" students is still proving helpful in maintaining the supply of health visitors.

MATERNITY AND CHILD WELFARE STATISTICS

CHILD WELFARE CENTRES

The number of attendances, new cases and children seen by the Medical Officers at the Child Welfare Centres functioning during the year are set out below :—

	Attendances	New Cases	Seen by the Medical Officer
Fratton (two afternoons per week)	10,824	754	1,350
Epworth Road (one afternoon per week) ..	8,752	383	623
Drayton (one afternoon per week)	2,884	113	345
Eastney (two afternoons per week)	15,291	768	1,311
Portsea (one afternoon per week)	4,473	362	638
Stamshaw (one afternoon per week)	6,334	329	566
Tangier Road (one afternoon per week) ..	4,744	180	446
Cosham (one afternoon per week)	3,677	292	778
Paulsgrove (one afternoon per week)	3,898	264	681
TOTALS	60,877	3,445	6,738
TOTALS for 1951	60,174	3,499	7,283

Attendances at Child Welfare Centres during the year 1952, classified according to the age of the child concerned, were as follows :—

Children from 0 to 1 year of age	46,441
„ „ 1 to 2 years of age	8,957
„ „ 2 to 5 years of age	5,479
Total	60,877
Total for 1951	60,174

Dried milk was issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £4,160 (£4,433); £4,608 (£4,705) was recovered from the patients.

DAY NURSERIES

The following are the statistical details relating to the six Day Nurseries already established in Portsmouth:—

	Admissions during the year	No. on Register at 31st Dec.	Awaiting admission 31st Dec.
GARFIELD ROAD DAY NURSERY (Complement 40)	43	37	} 226 Total
CLIFFDALE DAY NURSERY (Complement 60)	45	43	
ST. PETER'S DAY NURSERY (Complement 46)	68	44	
TWYFORD AVENUE DAY NURSERY (Complement 40)	61	36	
ANGLESEA ROAD DAY NURSERY (Complement 30)	55	26	
PORTSDOWN HILL DAY NURSERY (Complement 30)	50	20	

MIDWIVES

The practice of district midwives and of those practising in nursing homes during the year was satisfactory, and the inspection of midwives' bags, books and appliances was carried out regularly.

	1952	1951
Number of midwives practising on the district and in nursing homes on December 31st	35	34
Total number of cases attended by them	2,239	1,777
Number of cases attended by municipal midwives	1,438	1,174
" " " independent midwives	35	36
" " " in nursing homes	766	567
Number of midwives' cases in which medical assistance was sought	273	291
Showing a percentage of	15·2	20·2

DOMICILIARY SERVICE OF MIDWIVES

	1952	1951
Number of municipal midwives employed in Portsmouth	21	17
Number of cases booked	2,078	1,574
Number of patients delivered	1,438	1,174
Excluding holidays and sickness :		
Average number of cases per midwife per month	7·1	6·7
Average number of cases per midwife per annum	85·1	79·9
Average weekly number of bookings	39·7	30·3

ANTE-NATAL AND POST-NATAL CLINICS

Details of the work carried out at Ante-Natal and Post-Natal Clinics during the year are given below :—

	ANTE-NATAL				POST-NATAL			
	No. of Patients		Attendances		No. of Patients		Attendances	
	1952	1951	1952	1951	1952	1951	1952	1951
Fratton (A.N., 4 clinics weekly) .. (P.N., 1 clinic weekly)	1,097	827	8,444	6,084	266	369	437	450
Cosham (A.N., 2 clinics weekly) .. (P.N., 2 clinics monthly)	410	332	2,828	2,193	60	56	117	115
Portsea (A.N., 1 clinic weekly) ..	259	277	2,208	2,046	—	—	—	—
Saint Mary's Hospital (A.N., 8 clinics weekly) .. (P.N., 1 clinic weekly)	1,243	2,233	17,196	26,398	1,762	1,956	1,844	2,423
TOTALS	3,009	3,669	30,676	36,721	2,088	2,381	2,398	2,988

INSTITUTIONAL TREATMENT OF MATERNITY CASES

	Saint Mary's Hospital	Royal Naval Maternity Home
No. of maternity beds (exclusive of isolation and labour)	72	17
No. of patients admitted	2,599	331
Average duration of stay	9·7 days	14 days
No. of cases delivered by—		
(a) Midwives	1,634	273
(b) Doctors	267	40
Cases in which medical assistance was sought by midwife	Doctor always available	147
No. of cases notified as puerperal pyrexia	72	7
No. of cases of pemphigus neonatorum	—	—
No. of infants not entirely breast-fed while in Institution	170	22
No. of cases notified as ophthalmia neonatorum	6	—
No. of maternal deaths	2	—
No. of foetal deaths—		
(a) Stillborn	85	5
(b) Within 28 days of birth	64	3

HOME VISITING

The health visitors paid 58,432 (61,479) visits during the year :—

	Total Number of Visits	
	1952	1951
First visits	3,677	3,724
Subsequent visits to children from 0 to 1 year of age ..	17,398	15,872
„ „ „ from 1 to 2 years of age ..	9,831	10,178
„ „ „ from 2 to 3 years of age ..	8,135	10,102
„ „ „ from 3 to 5 years of age ..	13,401	14,967
Visits to expectant mothers	184	423
Visits in respect of home helps and the aged	1,919	2,036
Visits in respect of tuberculosis patients	3,887	4,177

INFANT MORTALITY, 1952

DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER ONE YEAR OF AGE

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
Whooping Cough	—	—	—	—	—	—	1	—	—	1
Other Infections	—	—	—	—	—	1	1	—	—	2
Pneumonia	3	—	2	—	5	4	2	1	—	12
Bronchitis	—	—	—	—	—	—	—	1	—	1
Other respiratory diseases ..	—	—	—	1	1	—	—	—	—	1
Gastritis, Enteritis and Diarrhoea	—	—	—	1	1	3	5	—	—	9
Congenital Malformations ..	4	2	4	—	10	—	1	1	2	14
Injury at Birth	9	—	—	—	9	—	—	—	—	9
Post-natal Asphyxia & Atelectasis	14	1	—	—	15	—	—	—	1	16
Immaturity	10	—	—	—	10	—	—	—	—	10
Other Causes	1	3	1	—	5	1	—	—	—	6
Accidents	—	—	1	—	1	1	3	—	1	6
TOTALS ..	41	6	8	2	57	10	13	3	4	87
Previous Year (1951)	49	10	5	1	65	17	10	10	7	109

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

By the Senior Dental Officer

No changes have been made in the arrangements for the provision of dental treatment for expectant and nursing mothers and young children. Under an agreement made with the Portsmouth Group Hospital Management Committee, regular sessions are held at Saint Mary's Hospital dental clinic for these patients and, when necessary, dentures are supplied and the facilities of the hospital's x-ray department are available.

There is no evidence to show that these patients have any difficulty in obtaining whatever treatment they need, either at Saint Mary's Hospital clinic or from the dentist of their choice in the General Dental Service. They are entitled to free treatment, but not to free dentures, under the general dental service scheme, and the practitioners have always shown them some priority. It is felt that at present too few dentists are engaged in the School Health Service to enable them to allocate time to this work, without progressively lengthening the interval at which school children are examined and without seriously curtailing the amount of treatment given to them.

Not all dental practitioners welcome children under five, but an increasing number are doing extractions for them with a general anaesthetic at home, in conjunction with the family doctor. Others, usually referred from child welfare clinics, are treated at Saint Mary's Hospital clinic, and a considerable number are brought to the Education Committee's clinics by parents who are already bringing older children. As this occurs at irregular intervals separate sessions are not yet set apart for them and no separate record has been kept of the number attending. This year an attempt is being made to do so, but, because their numbers are so small in comparison with school children—less than 2%, it is understandable that the dentist conducting a busy session may neglect to record them separately.

SAINT MARY'S HOSPITAL DENTAL CLINIC

DENTAL TREATMENT PROVIDED FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN.

(a) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant & Nursing Mothers	173	127	124	124
Children under Five	164	154	152	152

(b) Forms of Dental Treatment provided :

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum T'ment	Silver Nitrate T'ment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers . .	120	3	117	—	8	—	2	—	1	2
Children under Five	152	—	152	1	1	—	2	—	—	—

HOME NURSING

The Secretaries of the Portsmouth Victoria Nursing Association, Messrs. Edmonds and Company, have kindly supplied the following report for 1952 :

"The figures show a marked increase over the last year in the number of cases nursed and in the number of visits made in respect of these cases, the actual increases being 2,698 and 3,955 respectively. It is significant that the number of nurses employed has decreased on an average by three, due to the shortage of trained nurses available for home nursing in this area, despite the fact that the Association has advertised in the local press and appropriate professional journals. If the existing staff are to avoid over-taxing their own strength in meeting all calls made upon them, the need for more trained nurses is urgent.

The Association continues to train nurses for district work at the two Training Homes, arranges for refresher courses to be held locally and sends candidates in rotation to courses held in London.

The Executive desire to record their thanks to our superintendents and nurses for the very efficient and untiring manner in which they have carried out their increased work.

The Executive also wish to thank the representatives of the Portsmouth Corporation, who have continued to offer us their help, and also the doctors and other social service workers for their willing help in giving lectures to candidates for the Queen's Roll."

PORTSMOUTH VICTORIA NURSING ASSOCIATION

STATISTICS FOR 1952

		NURSES' HOMES					
		<i>Radnor House</i>		<i>Beddow House</i>		TOTAL	
Number of nurses employed for visiting (average)		15	(18)	17	(17)	32	(35)
Minimum in any one month ..		12	(16)	14	(14)	26	(30)
Maximum in any one month ..		17	(20)	18	(19)	35	(39)
Number of cases visited in 1952 :							
(a) Maternity	20	(12)	31	(28)	51	(40)	
(b) Pre-school children ..	412	(438)	298	(436)	710	(874)	
(c) School children	258	(138)	175	(139)	433	(277)	
(d) Tuberculosis	42	(24)	25	(55)	67	(79)	
(e) Other cases	5,660	(3,314)	1,663	(1,302)	7,323	(4,616)	
	<u>6,392</u>	<u>(3,926)</u>	<u>2,192</u>	<u>(1,960)</u>	<u>8,584</u>	<u>(5,886)</u>	
Total number of visits in respect of these cases :							
(a) Maternity	154	(88)	1,087	(240)	1,241	(328)	
(b) Pre-school children ..	2,375	(2,647)	2,517	(2,451)	4,892	(5,098)	
(c) School children	1,234	(672)	1,107	(679)	2,341	(1,351)	
(d) Tuberculosis	882	(797)	265	(534)	1,147	(1,331)	
(e) Other cases	51,378	(52,902)	39,888	(35,922)	91,266	(88,824)	
	<u>56,023</u>	<u>(57,106)</u>	<u>44,864</u>	<u>(39,826)</u>	<u>100,887</u>	<u>(96,932)</u>	

VACCINATION AND IMMUNISATION

By the Medical Officer in Charge

Vaccination

The numbers vaccinated by practitioners and by the Health Department were as follows :—

			1952				1951	
			Primary	Re-vacc.	Total	Primary	Re-vacc.	Total
Health Department	..		659	358	1,017	1,637	3,496	5,133
Practitioners	..	..	1,664	643	2,307	2,040	1,294	3,334
TOTALS	..		2,323	1,001	3,324	3,677	4,790	8,467

In 1951 the Brighton outbreak was responsible for the unusually large number of persons vaccinated; otherwise this year's figures may be considered satisfactory.

Children born in 1952 numbered 3,721 (3,677) and, of these, 1,161 (1,158) or 31·2% (31·4%) were vaccinated in the same year.

In accordance with the Ministry's recommendation, all persons at risk, e.g. the staff of the Health Department, including doctors, nurses, ambulance drivers, and staffs of several of the local laundries are vaccinated annually.

Diphtheria Immunisation

The percentage of children under five immunised, 54·5% (56·1%), is almost the same as last year. This is not a very satisfactory percentage, but it is gratifying to note that immunisation by practitioners has increased from 24·7% to 29·0%.

The percentage of school children immunised has gone up slightly from 97·5 to 97·9. This is the highest figure ever obtained and I am greatly indebted to the head teachers and their staffs for their willing help.

The proportion immunised by the various agencies (shown as a percentage of the total number immunised) was :—

				1952	1951
				54·6	56·6
Clinics	..	..	..	9·1	9·8
Schools	..	..	..	3·6	5·6
Mobile Unit	..	..	..	3·7	3·3
Day Nurseries	..	..	..	29·0	24·7
Practitioners	..	..	..

The decrease at the clinics and on the mobile unit has been compensated by an increase in the numbers done by practitioners.

Private schools are visited on request and domiciliary visits are paid when there is any difficulty in the mother getting to the clinics.

Practitioners continue to be supplied with the diphtheria and pertussis material as required.

REACTIONS

As usual a careful record is made of any reactions reported, however slight. The actual number of reactions seen was :

1st Diph.	1st combined	2nd Diph.	2nd combined	3rd combined	Supplementary
1	2	—	11	2	19
Total reactions—35					

All were very mild, except one second combined and two supplementary. In these cases there was a good deal of stiffness and inflammation of the arm.

POLIOMYELITIS

None of the 11 cases of confirmed polio. admitted to the Infectious Diseases Hospital from the City (7 children and 4 adults) had been immunised during the previous six months.

Incidence of Diphtheria

The number of cases admitted to hospital and the number of deaths during the past 15 years are given below for reference purposes :—

Year	Admitted to Hospital	Died	Year	Admitted to Hospital	Died
1938	302	14	1946	17	—
1939	133	6	1947	15	1
1940	79	4	1948	6	—
1941	110	9	1949	7	1
1942	75	2	1950	1	—
1943	31	1	1951	5	1
1944	17	2	1952	—	—
1945	13	2			

It is noteworthy that last year there were no cases at all.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION

Number of children who received the complete course :—

	1952	1951
Under five	2,553	2,689
Five to fifteen	651	760
Over fifteen	10	30
TOTAL	3,214	3,479
Supplementary doses	6,551	5,261
	9,765	8,740

Total number of children immunised since the inception of the scheme in 1935—73,642.

Whooping Cough (Pertussis) Immunisation

We are now using the Glaxo combined antigen ; this requires three doses of 1 m.l. each. I feel this is a disadvantage, as quite frequently a mother does not return for the third dose and the child cannot be considered fully protected. Previously, when we combined the diphtheria and pertussis

in the syringe, the first two doses completed the diphtheria and one could be satisfied that, if the mother did not return for the third dose, the child was at least protected against diphtheria.

I think possibly there have been fewer reactions with the new combined.

As was noted last year, cases of pertussis occurring after immunisation were always very slight and almost invariably the immunisation had been done three years or more previously.

Cases of pertussis continue to be treated after admission to the Infectious Diseases Hospital and the Glaxo dissolved vaccine is used. 31 cases were so treated and in all there was improvement. There were no deaths.

STATISTICS RELATING TO PERTUSSIS IMMUNISATION

	1952	1951
First doses	2,012	2,266
Second doses	1,974	2,193
Completed cases	1,792	1,901
Completed cases : Under five	1,690	1,719
Five to fifteen	102	182
TOTAL ..	1,792	1,901

Typhoid, Typhus, Cholera and Tetanus

282 (183) individuals—mostly persons going abroad—were vaccinated for one or other of the above diseases. The actual numbers were : typhoid-cholera 271 (153), typhus 11 (1).

303 (470) international certificates were issued.

The World Health Organisation issued new regulations, effective from 1st October, 1952, which indicated that International Certificates would be required for cholera, smallpox and yellow fever only. A new form of certificate was issued, obtainable only from the travel agencies. Formerly they could be supplied by the vaccination clinic and some confusion has resulted ; we are not now able to supply practitioners with the appropriate forms.

Needle Sharpening

This is undertaken by the male orderly in the clinic. The numbers of needles sharpened were :—

	1952	1951
Maternity and Child Welfare Department .	2,451	2,192
Victoria Nurses	845	300
Immunisation clinic	1,100	—
TOTAL ..	4,396	2,492

The numbers for 1951 include some three months of 1950, when the needle sharpening commenced.

MUNICIPAL AMBULANCE AND MEDICAL CAR SERVICE

By the Ambulance Officer

Although the demand for ambulance transport during 1952 was at a higher rate than in 1951, the upward trend was not so steep. The increase was due mainly to the development of Queen Alexandra Hospital under the Hospital Management Committee; additional Ministry of Pensions patients since the disposal of their two ambulances; and the expansion of some treatment departments. The increase generally was for the conveyance of sitting case patients.

Peak hours of ambulance work extended this year from 8.30 a.m. to 5.0 p.m., due to earlier appointment times generally and the distance from the ambulance station to Queen Alexandra Hospital.

Generally there was a fairly even distribution of patients over these hours, with a slight build up at 10 a.m. and 1.30 p.m. The number of patients each month remained fairly constant, with no noticeable decline during the holiday period.

There were 59,421 patients conveyed during 1952, an increase of 11% over 1951; patient carrying mileage was 250,940—an increase of 2.6%.

Admissions and discharges increased slightly; inter-hospital transfers remained much the same as in 1951; the greatest increase was in out-patients.

The emergency service received 2,038 calls, conveyed 1,932 patients and covered 10,116 miles. In comparison with 1951 calls increased by 9.1%; patients by 13.8%; mileage by 6.9%. There were 129 calls wherein an ambulance was not required and only one malicious call.

Ancillary work remained at much the same level as in 1951, the mileage being 11,576 for the conveyance of analgesic apparatus and immunisation team, an increase of 18 miles; service and abortive journeys were 5,401 miles, an increase of 135 miles.

The total mileage under this heading was 16,977.

Civil Defence Ambulance Section exercises and driving instruction during the year accounted for 11,405 miles.

The total mileage for the year was 279,322.

One new ambulance was received during the year as a replacement for an older vehicle; the operational vehicles are now all post-war, with one older ambulance held as a reserve.

Courses for the staff this year consisted mainly of Civil Defence basic and section training. Time lost through staff sickness remains at a low figure, approximately 1%. There was no absenteeism at any time.

Mutual aid arrangements were extended to West Sussex County Council in regard to patients coming under Section 24 of the National Health Service (Amendment) Act.

Mutual aid arrangements previously made with Hampshire Ambulance Service continued to operate satisfactorily.

STATISTICS RELATING TO THE PERIOD
1st JANUARY TO 31st DECEMBER, 1952

PATIENT CARRYING ANALYSIS

	Patients		Mileage	
Saint Mary's Hospital	18,943	(20,512)	69,661	(78,163)
Infectious Diseases Hospital	2,280	(2,001)	12,507	(12,964)
Chest Clinic	8,628	(8,864)	17,723	(18,722)
Royal Portsmouth Hospital	17,086	(15,258)	66,385	(68,006)
Queen Alexandra Hospital	5,396	(818)	28,256	(6,299)
St. James' Hospital	487	(515)	5,025	(5,710)
Eye and Ear Hospital	1,222	(967)	5,758	(5,423)
Ministry of Pensions	1,818	(1,340)	9,859	(13,374)
Nursing Homes	269	(391)	2,300	(3,727)
Other requesting Authorities	1,360	(1,125)	23,350	(22,591)
Accident Service	1,932	(1,697)	10,116	(9,458)
TOTAL ..	59,421	(53,488)	250,940	(244,437)
Average patients per day .. = 162·4 (146·5)				
Average miles per patient .. = 4·2 (4·6)				
Average patient carrying miles per day = 685·6 (669·7)				

ANCILLARY AND CIVIL DEFENCE ANALYSIS

Analgesic apparatus	11,475	(11,116)
Immunisation Team	101	(362)
Service and Abortive	5,401	(5,076)
Civil Defence	11,405	(—)
TOTAL	28,382	(16,554)

WORK OF THE TUBERCULOSIS SERVICE

Details of the general organisation of the Tuberculosis Service are set out in the special Survey Report on pages 24-25, and the statistical tables appended at the end of this section have kindly been supplied by the Consultant Chest Physician.

The following is the report of the Almoner of the Chest Clinic for the year :—

“During the year 743 patients were helped by the Almoner's Department. Several interviews, either at the clinic or in hospital, were necessary in the case of each of these patients and, in addition, 250 home visits were paid. The majority of patients were referred to the Almoner by the medical or nursing staff, some applied for help themselves, and the remainder were referred by outside agencies. Apart from the practical and material help which it may be possible for the Almoner to give the patient, much time is spent in trying to help him to deal with his own problems and to adjust himself to his illness and change of circumstances.

The first problem that arises when the breadwinner of a family falls ill is the financial one and, although the National Assistance Board makes a special grant to those undergoing treatment for pulmonary tuberculosis, this is often insufficient to meet the patient's needs. Many patients have made hire-purchase agreements or have taken out a mortgage on a house before their illness, and it is necessary to apply to the voluntary organisations for help in these cases. The Portsmouth Voluntary Tuberculosis Care Committee, the Royal Naval Benevolent Trust, the British Legion and Soldiers', Sailors' and Airmen's Families Association are some of the voluntary bodies which have given much help during the past year. When the mother of a young family is admitted to hospital, arrangements have to be made for the care of the children. This is often done through relatives or friends but when this is not possible arrangements are made through the Children's Department.

The Home Help Service has continued to be very valuable to those patients being nursed at home. It is felt, however, by some of the patients that the assessment is too high, and in these cases it has been possible to make private arrangements at a lower cost. Many of our patients have been glad to take advantage of the 'Meals on Wheels' service organised by the W.V.S., medical comforts supplied by the local authority and the British Red Cross Society, and also the free milk supplied by the local authority to those people whose income is below a certain level.

In co-operation with the British Council for Rehabilitation and the local education authority, correspondence courses have been arranged for hospital patients who are interested, and the local education authority has also made arrangements for children to have tuition when they are in hospital over a long period.

Mr. C. E. Roberts, solicitor, honorary legal adviser to the Care Committee, has been most helpful and has given a lot of time in advising patients over legal matters.

Regular conferences between the Consultant Chest Physician, the Disablement Resettlement Officer and the Almoner are held at the Chest Clinic to discuss with the patient suitable employment and the type of work or training courses available. Whilst the Ministry of Labour gives every co-operation and employers are always sympathetic and anxious to help, the fact remains that there is little scope in Portsmouth for those requiring light work, for the Remploy factory can only absorb a small proportion.

102 patients were referred to the Disablement Resettlement Officer during the year.

I should like to express my appreciation of the ready co-operation which has been given throughout the year by the official social service departments and the various voluntary organisations”.

DEATHS BY AGE GROUPS

AGE GROUP	RESPIRATORY		NON-RESPIRATORY		COMBINED		GR. TOTAL
	M.	F.	M.	F.	M.	F.	
0—1	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1—4	— (1)	— (—)	— (1)	— (—)	— (2)	— (—)	— (2)
5—14	— (—)	— (—)	2 (1)	1 (1)	2 (1)	1 (1)	3 (2)
15—24	2 (2)	1 (7)	1 (—)	— (—)	3 (2)	1 (7)	4 (9)
25—34	9 (4)	4 (3)	— (—)	1 (—)	9 (4)	5 (3)	14 (7)
35—44	1 (6)	1 (3)	1 (—)	— (—)	2 (6)	1 (3)	3 (9)
45—54	5 (6)	2 (4)	— (—)	— (—)	5 (6)	2 (4)	7 (10)
55—64	12 (13)	2 (2)	1 (2)	1 (—)	13 (15)	3 (2)	16 (17)
65 plus	11 (7)	1 (2)	2 (1)	1 (—)	13 (8)	2 (2)	15 (10)
TOTAL ..	40 (39)	11 (21)	7 (5)	4 (1)	47 (44)	15 (22)	62 (66)

(Figures in brackets are those for 1951.)

Of the 51 deaths from respiratory tuberculosis, 8 cases (16%) were not notified during life.

NOTIFICATIONS BY AGE GROUPS

AGE GROUP	* NEW CASES						
	RESPIRATORY		NON-RESPIRATORY		COMBINED		GR. TOTAL
	M.	F.	M.	F.	M.	F.	
0— 1	1 (1)	— (—)	— (—)	— (—)	1 (1)	— (—)	1 (1)
1— 4	4 (9)	2 (5)	2 (3)	— (2)	6 (12)	2 (7)	8 (19)
5—14	6 (7)	12 (11)	5 (5)	6 (5)	11 (12)	18 (16)	29 (28)
15—24	43 (39)	50 (58)	4 (4)	4 (5)	47 (43)	54 (63)	101 (106)
25—34	40 (41)	38 (39)	3 (2)	1 (2)	43 (43)	39 (41)	82 (84)
35—44	27 (36)	15 (9)	— (—)	— (1)	27 (36)	15 (10)	42 (46)
45—54	22 (31)	6 (14)	— (—)	1 (1)	22 (31)	7 (15)	29 (46)
55—64	21 (22)	6 (2)	— (2)	1 (—)	21 (24)	7 (2)	28 (26)
65 plus	16 (14)	3 (6)	1 (3)	1 (—)	17 (17)	4 (6)	21 (23)
TOTAL . .	180(200)	132(144)	15 (19)	14 (16)	195(219)	146(160)	341(379)

* Includes all primary notifications and new cases coming to the notice of the Medical Officer of Health by other means.

(Figures in brackets are those for 1951.)

NUMBER OF CASES ON REGISTER 31st DECEMBER

	1947	1948	1949	1950	1951	1952
Respiratory	1,844	2,003	1,980	1,940	1,906	1,935
Non-Respiratory	193	209	221	217	203	188
TOTAL ..	2,037	2,212	2,201	2,157	2,109	2,123

DIAGNOSIS	RESPIRATORY			NON-RESPIRATORY			TOTAL			GRAND TOTAL
	MEN	WM.	CH.	MEN	WM.	CH.	MEN	WM.	CH.	
A. (1) No. of definite cases of tuberculosis on Dispensary Register 1st January, 1952	1,045	778	83	70	73	60	1,115	851	143	2,109
(2) Transfers from Authorities outside Portsmouth	37	52	—	1	3	—	38	55	—	93
(3) Lost sight of cases returned during the year	4	2	—	—	—	—	4	2	—	6
B. No. of New Cases diagnosed as tuberculosis during the year :										
(1) CLASS A (T.B. minus)	63	36	24	7	5	13	70	41	37	148
(2) CLASS B (T.B. plus)	65	28	1	—	—	—	65	28	1	94
C. No. of cases included in A and B written off the Dispensary Register during the year as :										
(1) Recovered	21	15	5	2	3	1	23	18	6	47
(2) Dead (all causes)	50	11	—	4	4	3	54	15	3	72
(3) Removed to other areas	51	51	4	2	—	2	53	51	6	110
(4) For other reasons	41	31	3	8	7	8	49	38	11	98
D. No. of definite cases of tuberculosis on the Dispensary Register 31st December, 1952	1,055	796	84	62	67	59	1,117	863	143	2,123

MASS RADIOGRAPHY

Report of the Medical Director

A. GENERAL

AREAS SURVEYED

A total of 14 weeks was spent outside the City boundary, the places visited being Waterlooville, Havant, Bognor Regis, Worthing, Christ's Hospital and Gosport (Admiralty employees only).

PUBLIC SESSIONS

The scheme introduced in 1951 of making appointments available to the general public was again followed with success. In Portsmouth, 2,919 individuals were x-rayed during these sessions, but it was noted that a definite proportion of the appointments made was not fulfilled. Our thanks are due to the W.V.S. and the Health Departments of the various areas for their assistance and co-operation in running the appointment bureaux.

TYPE OF WORK

The figures given in Table IV show the distribution of the work in sections according to the method of referral. It is noted that, as in previous years, the proportion of cases referred by general practitioners who were found to be suffering from active tuberculosis in need of treatment is many times higher than that of any other group and, indeed, higher than all other groups combined. The rate of pick-up of such cases is, however, satisfactorily lower than the 20·8 per 1,000 in this group in 1951. This is, I think, largely due to the increased proportion of ante-natal women sent by the general practitioners in 1952.

As stated in the previous report, results justify the policy of encouraging the family doctor to send his patients for x-ray, a policy which was started at this Unit many years ago, and emphasise the value to the City which would result from the provision of a static Unit to remain at headquarters.

An innovation this year was the x-raying of patients referred to the consultant surgeons' out-patient sessions. This group is small but cases of tuberculosis and cancer have been found by this means. It is likely to be of considerably increased value if a static Unit were provided, for such patients can only be x-rayed at the Unit's headquarters.

Follow-up examinations were continued, as in previous years, and have resulted in additional cases being diagnosed as having active disease.

FUTURE POLICY

It is apparent that the regular x-raying of the same group of factories each year is not yielding the same number of cases of active tuberculosis as it did initially; this is understandable because, when once the cases of infectious disease have been taken away from contact with the remainder, the risk of the remainder developing disease is correspondingly reduced. The policy should be, accordingly, to increase the types of examinees, if necessary reducing the frequency with which the "regulars" are examined.

This policy has resulted in an increased number of referrals from general practitioners and the starting of the scheme to x-ray all surgical out-patients. These groups form an ever-changing population and this factor is, I think, the crux of the matter and should be expanded.

B.C.G.

The fact that over 55% of all cases found in Portsmouth are under the age of 25 suggests that B.C.G. for school-leaving children might be of value in preventing disease. The Joint Tuberculosis Council have recently made some recommendations with regard to the skin testing of children, and this testing, combined with an organisation for the giving of B.C.G. to negatively reacting school-leavers, should act as a further check to the incidence of disease in these vulnerable age groups.

CO-OPERATION OF STAFF

I would like to express my thanks to the Medical Officers of Health of the various areas visited for their assistance, without which the work done could not have been increased or have been carried out so smoothly. I wish to thank the Chest Physicians concerned for their assistance, which is much appreciated.

I would also like to take this opportunity of thanking the staff of the Unit for the arduous work which has enabled us to continue to contribute to this important aspect of preventive medicine.

B. STATISTICAL

1.—PORTSMOUTH

A total of 26,552 individuals was x-rayed in the City in 1952 (23,151 in 1951). Of these, 83 (87) were found to have active disease, giving a total rate of 3.1 per 1,000 examined (3.8 per 1,000). This continues the welcome fall in the proportion of cases of active disease found, a fall noted for the first time in 1951.

The fall in incidence is spread fairly evenly through the age groups, each age group, both male and female, showing a fall compared with 1951, except for the 25 - 34 year group for men and the 45 - 59 year group, also for men. The former is nearly double the previous year's rate (3.2 per 1,000, as opposed to 1.7), the latter being 4.2 per 1,000, as opposed to 3.1. The 45 - 59 group shows the highest rate for men of all age groups, following the epidemiological fact that the highest rates in men are in the higher age groups, as opposed to that in women, where the higher age groups show the lowest incidence.

The highest incidence in women is, as previously, in the 15 - 24 age group, although there is a fall in this group from the figure of 5.8 per 1,000 in 1951 to 4.2 per 1,000 in 1952. A fall in incidence in this age group was noted in our figures for the first time in 1950 and it is encouraging to see that the trend downwards continues for the third successive year, as well as a trend downwards in the total rate for women, from 6.0 in 1950 to 4.3 in 1951 and 3.1 in 1952.

CASES REFERRED BY GENERAL PRACTITIONERS

A total of 1,981 cases was referred, of whom 28 were found to have active disease, a rate of 14.1 per 1,000 referred (20.8 in 1951). The fall is probably largely due to the fact that many more routine ante-natal cases

were referred but, even so, the incidence in referred women was 8·3 per 1,000. The rate for men is the highly unsatisfactory one of 23·3 per 1,000 referred.

FOLLOW-UP EXAMINATIONS

The figures in the tables do not indicate the total amount of work done at the Unit. A total of 1,705 follow-up examinations was carried out. Again, this policy is found to be justified from the fact that, of the 83 cases of tubercle diagnosed as active in 1952, 13 were found as a result of being followed up from previous years.

If this work is not done at the Unit, it would have either not to be done at all or would be done at the Chest Clinic, where work is still increasing; additional sessions would be needed and extra staff and expense would be necessary.

A total of 490 new cases x-rayed was recommended for follow-up examinations.

2.—ALL AREAS

The total number of examinations carried out is the highest yet recorded (the Unit commenced work in 1944).

The total rate of incidence of active tuberculosis shows a fall from 3·0 per 1,000 examined in 1951 to 2·4 per 1,000 in 1952. The rate for men was unchanged at 2·5 per 1,000, that for women falling from 3·6 per 1,000 to 2·2 per 1,000.

The incidence by sex and age grouping follows the same trend as that for Portsmouth itself, being highest for men in the higher age groups, where it is relatively low for women, and highest for women in the 15 - 24 age group. In each age group the incidence is lower than for Portsmouth and this applies to both sexes.

N.B.—The figures given in the following tables are for the whole of the area covered by the MASS RADIOGRAPHY UNIT and not for the Portsmouth City area alone.

TOTAL NUMBERS EXAMINED BY MINIATURE FILM AND AGE GROUP DISTRIBUTION

TABLE I

AGE GROUP DISTRIBUTION													
	Under 15 years		15-24		25-34		35-44		45-59		Over 60		Total No.
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
MALE ..	2,161	8.4	6,559	25.4	5,238	20.3	4,949	19.2	5,885	22.8	1,050	4.1	25,842
FEMALE ..	2,272	11.8	7,140	37.2	4,291	22.3	2,800	14.6	2,234	11.6	470	2.4	19,207
TOTAL ..	4,433	9.8	13,699	30.4	9,529	21.2	7,749	17.2	8,119	18.0	1,520	3.4	45,049

Numbers recalled for large film examination = 1,983 (% of total examined 4.4)

Numbers recalled for clinical examination (exclusive of skin tests) = 531 (% of total examined 1.2)

The large film examination percentage is the smallest ever recorded at this Unit: these figures have shown a progressive fall since 1949 (6.6%), the previous lowest being 5.5% in 1951. This emphasises the increasing saving made as a result of comparing miniature films with previous ones; this is a time-consuming operation but has proved to be valuable in many ways.

ANALYSIS BY AGE—CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

(Rate per 1,000 in each group)

TABLE II

	Under 15 years		15-24		25-34		35-44		45-59		Over 60 years		Total previous columns
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	
MALE ..	4	1.9	19	2.9	13	2.5	8*	1.6	18	3.1	2	1.9	64 2.5
FEMALE ..	5	2.2	25	3.5	7	1.6	5	1.8	1	0.4	—	—	43 2.2
TOTAL ..	9	2.0	44	3.2	20	2.1	13*	1.7	19	2.3	2	1.3	107 2.4

* Includes one Pericardial Effusion.

Note.—The figures do not include five male cases, already known.

ANALYSIS OF ABNORMAL FINDINGS

TABLE III

	M.	F.	Total	Rate 1,000
A. NEWLY DISCOVERED CASES OF PULMONARY TUBERCULOSIS				
1. Cases of inactive pulmonary tuberculosis :				
(a) Primary lesions (21)	1,257	872	2,129	47.3
(b) Post-primary lesions (24)	469	273	742	16.5
2. Cases of active pulmonary tuberculosis :				
(a) Primary disease (20 a & b)	9	9	18	0.4
(b) Unilateral post primary disease (22 a & b) ..	32	23	55	1.2
(c) Bilateral post primary disease (23 a & b) ..	21	9	30	0.7
(d) Pleural effusions	1	2	3	—
(e) Pericardial effusion	1	—	1	—
3. Cases recommended for Hospital or Sanatorium ..	40	25	65	—
4. Cases recommended for observation	148	131	279*	—
B. NON-TUBERCULOUS CONDITIONS				
(a) Abnormalities of bony thorax and lungs (1) ..	544	467	1,011	—
(b) Bronchitis and emphysema (2)	184	62	246	—
(c) Bronchiectasis (6)	68	31	99	—
(d) Pneumonia and pneumonitis (3, 4, 5)	23	11	34	—
(e) Pneumoconiosis (8, 9)	5	—	5	—
(f) Pleural thickening and fibrosis (7, 10, 11) ..	1,005	444	1,449	—
(g) Intra thoracic new growths (14) :				
(i) Malignant	16	2	18	—
(ii) Non-malignant	1	—	1	—
(h) Cardiovascular lesions :				
(i) Congenital (15)	11	3	14	—
(ii) Acquired (16)	168	141	309	—
(i) Miscellaneous	116	61	177	—
C. NON-TUBERCULOUS RECOMMENDED FOR HOSPITAL INITIALLY..				
	16	5	21	—
D. NON-TUBERCULOUS RECOMMENDED FOR OBSERVATION				
	175	187	362*	

N.B.—Numbers in brackets refer to the Ministry of Health classification.

* The majority at the M.R.U.

SURVEY ANALYSIS (ORGANISED GROUPS)

TABLE IV

TYPE OF SURVEY		NUMBERS EXAMINED			NUMBERS SHOWING EVIDENCE ACTIVE PULMONARY TUBERCULOSIS					
		Male	Female	Total	MALE		FEMALE		Combined Total	Combined Incidence per 1,000
					No.	Incidence per 1,000	No.	Incidence per 1,000		
A.	General Public..	2,235	5,024	7,259	5	2.2	10	2.0	15	2.1
B.	Industrial Groups	17,023	7,358	24,381	23*	1.4	11	1.5	34*	1.4
C.	School Groups	3,276	3,242	6,518	4	1.2	5	1.5	9	1.4
D.	General Practitioner Groups..	774	1,207	1,981	18	23.3	10	8.3	28	14.1
E.	Institutional Groups ..	298	—	298	1	3.4	—	—	1	3.4
F.	Others ..	2,304	2,308	4,612	13		7		20	4.3†
	(a) National Service				4		—		4	
	(b) Ante-Natal				—		2		2	
	(c) Re-check				9		4		13	
	(d) Contact..				—		1		1	

* Includes the T.B. Pericardial Effusion.

†This figure is not statistically accurate, as it includes cases found active as a result of follow-up examinations from previous years.

N.B.—All cases listed under F (c) “Re-check” are those carried forward under observation from previous years. Many others were re-x-rayed and examined several times before a firm diagnosis was made and this group is listed in this table under the original source of referral.

PORTSMOUTH

CASES OF ACTIVE TUBERCULOSIS

TABLE V

	Under 15		15 - 24		25 - 34		35 - 44		45 - 59		Over 60		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number Examined ..	1,247	1,470	4,794	4,816	2,770	2,869	2,428	1,530	2,858	1,061	481	228	14,578	11,974
Number of Active Cases ..	4	4	18	20	9	5	5	4	12	1	1	-	49	34
Rate per 1,000 Examined ..	3.2	2.7	3.8	4.2	3.2	1.7	2.1	2.6	4.2	0.9	2.1	-	3.4	2.8
Combined Rate ..	2.9		4.0		2.5		2.3		3.3		1.4		3.1	

VENEREAL DISEASES TREATMENT CENTRE

By the Venereal Diseases Officer

The incidence of infective syphilis is still at a very low level, which is in accordance with the tendency for the whole country. In the classification of new cases for the year it is very encouraging to note that there were no babies with congenital syphilis.

The figures for gonorrhoea, while still low, show a marked increase in comparison with those of the previous year. I think that this is due to the help of the Almoner and the close co-operation with the Naval Authorities in connection with the important matter of contact tracing.

TABLE OF STATISTICS

	1952			1951		
	M.	F.	Total	M.	F.	Total
No. of patients under treatment or observation on 1st January	103	142	245	124	163	287
No. of patients dealt with for the first time during the year	369	175	544	293	166	459
No. of patients discharged on completion of treatment and final tests of cure, etc.	302	128	430	312	169	481
No. of patients who ceased to attend before completion of treatment	5	9	14	20	7	27
No. of patients who defaulted before final discharge	17	49	66	10	24	34
No. of patients transferred to other centres or to the care of private practitioners..	46	15	61	41	5	46
No. of patients remaining under treatment or observation on 31st December ..	140	130	270	103	142	245
No. of attendances—						
(a) for attention by the physician ..	2,763	1,968	4,731	1,996	1,665	3,661
(b) for intermediate treatment ..	733	842	1,575	640	1,056	1,696
TOTAL ATTENDANCES ..	3,496	2,810	6,306	2,636	2,721	5,357

DETAILS OF WORK OF THE ALMONER

	1952	1951
Number of patients helped by the Almoner	104	148
Number of visits paid by the Almoner	96	53
" " " Sister Trimble	37	31
Letters—Reports sent	163	239
Reports received	37	10
Number of interviews	144	94
Number of attendances at the special clinic	2,810	2,721

INFECTIOUS DISEASES HOSPITAL

By the Physician Superintendent

ADMISSIONS. The total number of admissions was higher than in 1951.

During the year 1,249 (1,163) fever, 176 (27) geriatric and 294 (253) tuberculosis cases were admitted, making a grand total of all cases admitted 1,719 (1,443).

Of these 328 (383) were admitted from outside the City boundary, and 25 (2) were Service cases.

DISCHARGES—1,198. DEATHS—30 TOTAL—1,228

CASES DISCHARGED DURING 1952

MONTH	Scarlet Fever	Diph- theria	Other Infections	Non- Infections	Deaths	TOTAL
January ..	11	—	98	42	3	154
February ..	12	1	68	26	4	111
March ..	26	—	95	34	2	157
April ..	17	—	74	20	2	113
May ..	3	—	66	22	1	92
June ..	7	—	44	18	3	72
July ..	3	—	43	28	3	77
August ..	4	—	45	18	3	70
September ..	7	—	31	16	2	56
October ..	11	—	41	23	3	78
November ..	22	—	59	28	—	109
December ..	26	—	91	18	4	139
TOTAL ..	149	1	755	293	30	1,228

DEATHS, 1952

During the year there were 30 deaths from the causes stated below. Of these 11 cases died within 24 hours of admission.

Acute Infectious Gastro Enteritis..	10	Septicaemia and Septic Abortion	
Pertussis	4	and Septicaemia	2
T.B. Meningitis	4	Generalised Arteriosclerosis ..	1
Meningitis	2	Bulbar Paralysis, Polio Encephalitis	1
Sonné Dysentery	1	Peripheral Circulatory Failure,	
Salmonella Typhi Murium Infection	1	Diabetes Mellitus & Varicella ..	1
Cardiac Failure	3		
			30

Diphtheria

There was one case (adult) admitted as diphtheria, which proved to be a haemolytic streptococcal throat. There was also one case (child), admitted in 1951, discharged as proved diphtheria (pharyngeal). There were no deaths from diphtheria during the year.

Scarlet Fever

There were 166 cases admitted as scarlet fever. The following is a table showing complications arising from the 149 proved cases :—

Cervical Adenitis	1	H.S. Carrier	2
Otorrhoea	1	Convalescent Carrier	1
Rhinorrhoea	1	Pityriasis Rosea	1
Mild Polyarticular Rheumatism ..	1	Bronchitis	2

Typhoid Fever

There were two cases of typhoid fever admitted and three cases proved to be that disease.

Puerperal Pyrexia

There were 48 cases admitted as puerperal pyrexia and 39 cases proved to be that disease.

Poliomyelitis

During the year there were 26 cases admitted as poliomyelitis, and the numbers which proved to be that disease were 32. These can be sub-divided into 16 paralytic, 8 non-paralytic and 8 abortive. This figure is higher than in 1951, when there were only 19 proved cases.

	Scarlet Fever	Diphtheria	Typhoid and Paratyphoid Fever	Meningococcal Infect'n	Acute Polio-myelitis		Erysipelas	Dysentery	Measles	Whooping Cough	Ophthalmia Neonat'um	Puerperal Pyrexia	Notifiable Pneumonia	Food Poisoning	Malaria	Tuberculosis		TOTAL
					Paralytic	Non-Paralytic										Pulmonary	Other Forms	
Jan. 5	2	-	-	-	-	-	-	3	2	4	-	1	-	-	-	2	-	14
" 12	3	-	-	1	-	-	1	11	-	4	-	1	3	-	-	3	-	27
" 19	1	-	1	3	1	-	1	14	7	3	1	6	2	-	-	5	-	45
" 26	3	-	-	1	-	-	-	9	2	1	-	2	-	-	-	5	2	25
Feb. 2	5	-	1	-	-	-	-	7	3	2	-	2	1	2	-	3	-	26
" 9	6	-	-	-	-	-	1	13	1	3	2	1	1	-	-	3	1	32
" 16	8	-	-	1	-	-	-	7	2	4	-	2	4	-	-	9	-	37
" 23	10	-	-	-	-	-	1	10	1	4	-	6	2	4	-	11	-	49
Mar. 1	8	-	-	-	-	-	-	4	4	7	-	2	1	-	-	6	-	32
" 8	6	-	-	1	-	-	-	4	4	2	-	1	1	-	-	9	-	28
" 15	6	-	-	-	-	-	-	2	4	2	-	2	1	-	-	12	1	30
" 22	8	-	-	-	-	-	1	3	6	4	-	3	2	-	-	10	1	38
" 29	10	-	-	1	-	-	2	3	2	4	1	1	2	-	-	5	-	31
April 5	5	-	-	-	-	-	1	1	1	2	-	-	2	-	-	5	1	18
" 12	-	-	-	-	-	-	2	-	1	1	-	-	-	-	-	3	-	7
" 19	4	-	-	-	-	-	1	-	4	2	2	3	-	-	-	8	1	25
" 26	-	-	-	-	-	-	1	-	3	1	-	3	-	-	-	3	-	11
May 3	-	-	-	-	-	-	1	4	4	5	-	1	2	-	-	8	-	25
" 10	1	-	-	-	1	-	-	8	-	5	-	2	-	1	-	6	-	24
" 17	8	-	-	-	-	-	1	3	2	3	-	3	-	-	-	6	2	28
" 24	2	-	-	-	-	-	-	-	1	6	-	-	-	2	-	5	-	16
" 31	3	-	1	1	-	-	1	-	-	8	-	2	3	-	-	5	1	25
June 7	2	-	-	-	-	-	-	-	-	3	3	3	-	-	-	9	2	22
" 14	1	-	1	-	-	-	1	1	1	1	1	2	-	1	-	3	1	14
" 21	1	-	1	-	-	-	2	-	-	1	-	4	-	-	-	7	-	16
" 28	1	-	-	-	-	-	2	-	1	6	-	1	-	-	-	9	-	20
July 5	-	-	-	-	-	-	1	-	-	8	-	-	-	-	-	5	-	14
" 12	2	-	-	-	-	-	-	1	3	6	-	-	1	-	-	3	2	18
" 19	-	-	-	-	-	-	1	-	2	4	1	2	1	2	-	9	-	22
" 26	1	-	-	-	-	-	-	-	-	2	-	1	-	-	-	4	-	8
Aug. 2	3	-	-	-	-	-	1	-	1	3	-	7	1	-	-	7	-	23
" 9	2	-	-	-	-	2	1	-	4	5	1	2	1	-	-	1	-	19
" 16	2	-	-	-	-	1	1	-	1	5	-	3	-	-	-	4	1	18
" 23	2	-	-	-	-	-	1	-	2	1	-	1	-	-	-	8	-	15
" 30	1	-	-	-	-	-	1	-	3	1	-	1	1	1	-	11	2	22
Sept. 6	3	-	-	1	-	-	2	-	2	2	-	2	-	1	-	8	1	22
" 13	1	-	-	-	-	1	-	-	4	2	-	-	-	-	-	8	2	18
" 20	9	-	-	-	-	-	1	-	6	5	-	-	-	-	-	6	-	27
" 27	2	-	-	-	-	-	-	-	8	1	1	-	-	-	-	3	-	15
Oct. 4	3	-	-	-	-	-	-	-	2	3	-	6	1	-	-	2	-	17
" 11	3	-	-	-	1	-	1	6	29	5	-	2	2	-	-	3	1	53
" 18	3	-	-	-	-	-	-	-	9	3	1	3	-	-	-	8	-	27
" 25	10	-	-	-	1	-	-	1	47	5	-	1	1	1	-	5	-	72
Nov. 1	7	-	-	-	-	1	1	1	112	7	-	1	-	-	-	6	-	136
" 8	5	-	-	-	-	-	-	1	92	5	-	1	-	-	-	9	2	115
" 15	8	-	-	-	-	1	1	6	128	1	-	-	2	-	-	5	-	152
" 22	9	-	-	-	-	-	-	3	114	3	-	3	-	-	-	4	-	136
" 29	10	-	-	1	-	-	2	-	231	6	-	1	-	-	-	5	-	256
Dec. 6	6	-	-	-	-	-	2	-	310	2	-	2	1	-	-	6	1	330
" 13	12	-	-	-	-	-	2	3	344	4	-	-	3	-	-	8	1	377
" 20	13	-	-	-	-	-	1	1	337	-	-	2	1	1	-	6	3	365
" 27	16	-	-	-	-	1	2	2	771	4	-	4	2	2	-	8	-	812
Total Cases 1952	237	-	5	11	4	7	42	132	2618	181	14	99	45	18	-	312	29	3754
1951	205	5	5	5	8	4	21	99	2808	390	1	55	58	5	2	344	35	4050
Deaths 1952	-	-	-	3	1		-	-	-	1	-	-	† 110	-	-	51	11	177
1951..	-	1	-	1	1	-	-	-	2	1	-	-	127	-	-	60	6	199

† All forms

ANALYSIS OF DEATHS FROM CANCER, 1952

	0—1		1—4		5—14		15—24		25—44		45—64		65—74		75 & over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Malignant neoplasm—stomach ..	—	—	—	—	—	—	—	— (1)	— (2)	— (2)	23(17)	5(5)	13(17)	13(6)	18(11)	15(11)	54(47)	33(25)
Malignant neoplasm—lung, bronchus	—	—	—	—	—	—	—	—	4(3)	1(—)	34(34)	3(5)	20(20)	2(5)	3(9)	4(1)	61(66)	10(11)
Malignant neoplasm—breast ..	—	—	—	—	—	—	—	—	— (—)	4(4)	1(—)	19(20)	— (1)	9(19)	— (—)	11(5)	1(1)	43(48)
Malignant neoplasm—uterus ..	—	—	—	—	—	—	—	—	—	2(4)	—	9(8)	—	9(5)	—	2(6)	—	22(23)
Other malignant and lymphatic neoplasms ..	—	—	1(—)	— (2)	1(1)	1(—)	1(2)	1(—)	3(7)	4(16)	37(44)	29(42)	44(46)	39(43)	43(45)	35(31)	130(145)	109 (134)
Leukaemia, aleukaemia ..	—	—	1(—)	— (—)	— (—)	— (—)	— (—)	— (—)	2(1)	— (2)	2(1)	— (3)	1(2)	1(1)	— (—)	2(—)	6(4)	3(6)
TOTALS ..	—	—	2	—	1	1	1	1	9	11	97	65	78	73	64	69	252	220
			(—)	(2)	(1)	(—)	(2)	(1)	(13)	(28)	(96)	(83)	(86)	(79)	(65)	(54)	(263)	(247)
																	472	(510)
																	GRAND TOTAL ..	

PARASITIC INFESTATION

By the Medical Officer in Charge, Disinfestation Clinic

Scabies

There was a rather unexpected rise in the numbers treated for scabies—209 cases and contacts, compared with 112 in the previous year, and 140 in 1950.

Total number of cases dealt with during the year :—

				1952	1951
Cases	..	..	..	109	47
Contacts	..	..	..	100	65
			Totals ..	209	112

There were no added skin infections.

There has been no alteration in the method of treatment. A 25% emulsion of Benzyl Benzoate, made up in the clinic, is used.

Distribution as to age and sex was :—

	Under 5			5-15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases	8	18	26	21	21	42	11	30	41	40	69	109
Contacts ..	8	6	14	18	14	32	25	29	54	51	49	100
Totals	16	24	40	39	35	74	36	59	95	91	118	209
Sent by Pri- vate Doctors	7	14	21	14	10	24	18	28	46	39	52	91

Total attendances for the year ..	Original	209
	Subsequent	233
Grand Total		442

Letters warning of possible legal proceedings for non-attendance were sent to four individuals. All of them attended.

Ten families had been treated previously.

Pediculosis

As with scabies, there was an increase in the numbers seen and treated.

During the year 199 (192) households, comprising 274 (246) families and 1,039 (888) individuals, were seen and treated.

Most of the cases came via the School Health Service, but 79 were sent by private practitioners or hospitals ; 850 of the 1,039—82%—were infested with either lice or nits.

Letters warning of possible prosecution were sent to 40 individuals ; all attended. Eight families were brought by ambulance because of infirmity, and domiciliary treatment was undertaken in a further 15 cases.

No fewer than 96 of the 274 families seen had been treated before. Most of these had attended only once, but two families had been up six times and one family five times. One old man (a wayfarer) had been treated seven times.

There is no change in the clinic arrangements or mode of treatment. The shampoo basins and hair driers are proving most useful.

The distribution as to age and sex was :—

	Under 5			5-15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested ..	50	76	126	203	259	462	34	228	262	287	563	850
Not infested	8	8	16	4	1	5	131	37	168	143	46	189
Totals	58	84	142	207	260	467	165	265	430	430	609	1,039
Sent by Private Doctors	6	6	12	10	10	20	18	29	47	34	45	79

ATTENDANCES :

	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Original ..	58	84	142	207	260	467	165	265	430	430	609	1,039
Subsequent..	108	181	289	461	582	1043	55	395	450	624	1158	1,782
Totals	166	265	431	668	842	1510	220	660	880	1054	1767	2,821

REPORT OF THE BATHS SUPERINTENDENT

The total revenue for the financial year 1952/53 amounted to £3,895 17s. 8d.—a decrease of £162 0s. 6d. on the income for 1951/52. The number of persons attending the baths to partake of the different services was 97,740—a reduction of 3,748.

SWIMMING BATH

The largest decrease was in the school children attending in classes under a qualified instructor, namely, 2,913 children, whilst the schoolboys section—those attending outside school hours with a teacher in charge and at the special rate of 2d. each—showed the alarming reduction of 2,012—a total decrease in these two sections of 4,925.

Other sections of the swimming bath services are more pleasing: the 1/- adult male section showed an increase of 130 patrons, the 6d. juniors an increase of 1,310, the ladies 1/- adults of 457, the 6d. junior girls of 70 and the 2d. girls of 72—an increase in five sections out of seven. The private tuition patronage was also pleasing, with an increase of 56 persons for instruction from the Baths staff. The hire of the bath at 15/- per hour for clubs and private parties, which in 1951/2 had reached its peak, showed a decrease of 136 hours of hire, resulting in the loss of £102 in booking fees.

The filtration plant continues to give satisfactory service, as many of the patrons will testify from the clarity of the swimming bath water. Visits of inspection regularly carried out by representatives of the Medical Officer of Health show the water to be maintained in good condition and effectively treated by the method known as “breakpoint chlorination”, which has many advantages over the previous systems.

The ratio of men swimmers to women continues to be three to one. The absence of facilities for drying the ladies' hair seems to be a detractive feature as regards greater attendances of women; this fact having been appreciated by the baths staff, effort will be made to rectify it in future.

PRIVATE HOT BATHS

In this department the staff served 28,646 male and 6,799 female hot baths—a total of 35,445. The male section showed a decrease in two classes—613 at 1/- and 521 at 9d., while the 6d. baths showed an increase of 489. The ladies' section gave similar returns in the 1/- and 9d. baths, showing a reduction of 273 and 199 respectively, but the 6d. baths showed an increase of 105.

It is to be regretted that the modernising of the men's private baths, suggested some four years ago, has not been sanctioned. The decline in attendance predicted by my predecessor has now come about, and, unless decoration or modernising of this section is carried out to make it more attractive, I must predict a further decline. Should this modernising take place early in 1954 there would be no object in decorating in 1953.

STAFF

The staff continue to be keen in their duties and one male member has attended the local Technical College in preparation for the final certificate of the National Association of Baths Superintendents.

The following tables give details of the attendances and receipts during the year :—

YEAR	PRIVATE BATHS						SWIMMING BATHS						TOTAL	
	MALE			FEMALE			MALE			FEMALE				
	1/-	9d.	6d.	1/-	9d.	6d.	1/-	6d.	2d.	1/-	6d.	2d.	MALE	FEMALE
1952-3 ..	17,178	6,369	5,099	2,558	1,026	3,215	7,242	15,543	2,498	1,728	5,969	1,594	53,929	16,090
1951-2 ..	17,791	6,890	4,610	2,831	1,225	3,110	7,112	14,233	4,510	1,271	5,899	1,522	55,146	15,858
Increase ..	—	—	489	—	—	105	130	1,310	—	457	70	72	—	232
Decrease ..	613	521	—	273	199	—	—	—	2,012	—	—	—	1,217	—

	CLASSES	SPECTATORS	GRAND TOTAL	£	s.	d.	HIRE OF BATHS	TUITION FEES
1952-3 ..	26,913	808	97,740	3,895	17	8	473 hours	1,096 pupils at 2/- each
1951-2 ..	29,826	658	101,488	4,057	18	2	609 hours	1,040 " "
Increase ..	—	250	—	—	—	—	—	56
Decrease ..	2,913	—	3,748	162	0	6	136 hours	—

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1938

During the year 1,665 samples were taken under the Food and Drugs Act, 1938, and of these 134 were found to be adulterated, incorrectly labelled or otherwise unsatisfactory, or 8·04% compared with 10·7% in 1951. Of the 134, 20 were formal samples, 113 informal or test samples, and one private purchase sample.

All of the above adulterated, incorrectly labelled or unsatisfactory samples were dealt with by caution or reference to the appropriate Ministry.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

During the year 120 licences were issued for the sale of pasteurised milk, 30 for sterilised milk and 3 for tuberculin tested milk.

104 samples of tuberculin tested (pasteurised) milk were examined and all passed the prescribed tests.

358 samples of pasteurised milk were examined and 2 failed the test.

101 samples of pasteurised milk as supplied to schools were examined and all were found satisfactory.

16 samples of sterilised milk were examined and all passed the test for this type of milk.

MILK

777 samples of milk were taken during the year and 53 were found to be adulterated and 128 not up to standard, the deficiencies being due to natural causes. Of this number 258 represented milk supplied by farmers to retailers in the City, of which 53 were found to be adulterated.

ICE CREAM

95 samples of ice cream were taken for examination, with the following results :—

34 samples were Grade 1	17 samples were Grade 3
25 „ „ „ 2	19 „ „ „ 4

During the year 731 visits and inspections were made to ice cream premises.

DRUGS

140 samples of drugs were taken, and 14 were found not to be in accordance with the standards or requirements laid down in the Food and Drugs Act, 1938, the Pharmacy and Medicines Act, 1941, and the Pharmacy and Poisons Act, 1933.

MERCHANDISE MARKS ACT, 1926, AND ORDERS IN COUNCIL MADE THEREUNDER

During the year 65 visits were made to business premises to see that the provisions of these Orders were being complied with.

REPORT OF THE VETERINARY OFFICER

MEAT INSPECTION

During most of the year the epidemic of foot and mouth disease frequently interfered with the normal activities of the Portsmouth Meat Depot. On a number of occasions regular sources of supply of home-killed meat were included in areas scheduled by the Ministry of Agriculture for movement restrictions following confirmation of disease. Deliveries of English meat and offal were often irregular, which made it difficult sometimes for one to anticipate the times of arrival. Occasionally one heard criticisms of the condition of home-killed meat consigned to the City from scheduled areas where disease had existed. It seems to me that these observations can be made only when one is completely unmindful of the trying circumstances in which the meat is often produced. Many animals are killed and dressed on farms with no proper facilities for the work which is frequently done under great difficulties following suitable improvisations. The Ministry of Agriculture often insists on expeditious slaughtering and, if possible, may press for slaughtering throughout the night. A substantial element of danger may be associated with this work, as frequently it has to be done in old farm buildings which were never intended for work of this kind. As far as possible constant supervision of home-killed supplies of meat and offal coming into the City was maintained throughout the year. Details of condemnations are given below. English supplies consisted of beef, veal, mutton, lamb and pork. On a number of occasions bone taint was detected in good quality English beef, necessitating the condemnation of a substantial weight. With the exception of pork, home-killed carcase meat on the whole arrived in a satisfactory condition. Several large consignments of pork were troublesome, and on one occasion it was necessary to condemn over 2,500 lbs. Careful attention was given regularly to English beef offal. Supplies of English meat and offal came from Funtley, Petersfield, Eastleigh, Guildford, Southampton, Chichester, Reading, Brighton, Westbourne, Worthing, Birmingham, Andover, Aylesbury, Colchester, Luton, Stowmarket, Watford and Dorchester.

An unusual feature of meat inspection work was the trouble caused by a large parcel of imported lambs' hearts. Considerable time was spent on them at a number of retailers' premises but eventually over 800 lbs. had to be condemned.

MEAT CONDEMNATIONS

English : 2,302 lbs. part ox liver ; 1 ox liver (14 lbs.) ; 962 lbs. sheeps' plucks ; 4,053 lbs. pork ; 16 lbs. lambs' breads ; 2,279 lbs. hindquarter meat ; 1 calf ; 4,338 lbs. ox heads ; 21 lbs. ox tongue roots ; 489 lbs. forequarter beef ; 23 lbs. ox tails ; 487 lbs. ox hearts ; 168 lbs. ox breads ; 1,144 lbs. ox lungs ; 237 sets of ox lungs ; 96 lbs. ox brains ; 28 lbs. ox kidney knob ; 292 lbs. mutton ; 42 lbs. udder ; 314 ox skirts ; 390 lbs. ox melts ; 246 ox melts ; 20 lbs. chitterlings ; 2 lbs. pigs' liver ; 258 lbs. pigs' maws ; 476 lbs. pigs' heads ; 140 pigs' heads ; 362 lbs. pigs' plucks ; 16 pigs' plucks ; 120 lbs. sheeps' tops ; 1,188 lbs. sheep's heads ; 29 lbs. ox head and tongue.

Imported: 575 lbs. hindquarter beef ; 61 lbs. lamb ; 194 lbs. mutton ; 108 lbs. forequarter beef ; 33 lbs. lambs' livers ; 803 lbs. lambs' hearts.

PUBLIC HEALTH (MEAT) REGULATIONS

All home-killed meat and offal consigned to the City was transported in road vehicles ; some of it was carried long distances on account of the epidemic of foot and mouth disease. Offal was conveyed in metallic containers and as much of the carcase meat as possible was hung. During the year there was an increase in the number of road vehicles provided with hanging equipment. The very few vehicles now without facilities for hanging meat carry as far as possible imported meat only. On the whole, meat was in a satisfactory condition on arrival, due no doubt to the exercise of careful handling and reasonable precautions against its exposure to any form of contamination. In fact, it was difficult for one to find evidence that the general provisions of the Regulations were not well observed. Transportation of meat was again in the hands of the Meat Transport Organisation Ltd., and its supervision throughout the year was carried out by the local manager and his deputy, both of whom have had lifelong experience in the trade. While the Meat Transport Organisation Ltd. does not suggest that the ideal has been reached regarding delivery or hygiene, the management does claim that great progress has been made in recent years and that the organisation has the resources to continue its research into cleanliness, efficiency and economy.

ANTHRAX

It is true that in recent years regular yearly increases have been recorded in the number of confirmed outbreaks of this dangerous notifiable disease which attacks all food animals and man. While those increases have been of a moderate nature, the annual figures published by the Ministry of Agriculture are very spectacular and no doubt will cause considerable anxiety to the Ministry of Agriculture and authorities responsible for administering the Anthrax Order, 1938. Information issued by the Ministry of Agriculture reveals a 300% increase in the total number of outbreaks over that for the previous year—the approximate aggregates were 1,200 and 400. There is no doubt that one of the outstanding features of the year was the great activity associated with this disease and the extraordinary number of outbreaks detected. Although anthrax, unlike foot and mouth disease, will attack all species, one has gathered from press reports that a large number of deaths resulting from it was amongst pigs. Towards the end of the year I was not entirely satisfied with the history given me relating to a dead pig, but after careful investigation it was found to be free from anthrax.

FOOT AND MOUTH DISEASE

There is no doubt that the year 1952 will long be remembered as one of grievous economic losses to the livestock industry caused by the epidemic of foot and mouth disease which really started in November, 1951. Following the discovery of 46 outbreaks in December, 1951, the figures for January, February and March, 1952, were 17, 9 and 30 respectively. Towards the end of March the situation was so serious that the Ministry of Agriculture imposed the provisions of the Foot and Mouth Disease (Controlled Areas Restrictions) General Order, 1938. Briefly, these regulations allow under licence in the controlled area only movements of susceptible species of animals which are absolutely necessary. In March the disease was confirmed at Andover and in April diseased animals were discovered at Ringwood. 187 outbreaks were detected in May and during that month the provisions of the Controlled Areas Restrictions Order were applied to the whole of England and Wales.

At the end of June a total of 408 outbreaks was recorded for the first half of the year, against 18 at the corresponding date in 1951. A new Controlled Areas Restrictions Order was imposed on 18th July, which included the City. This Order was removed on the 11th August, when movement of susceptible animals under licence only ceased. Considerable easing of the position was noticeable during September and October, when the number of outbreaks was 13 and 3 respectively. The official declaration by the Ministry of Agriculture of Great Britain's freedom from foot and mouth disease was announced in November and no other outbreak was discovered in 1952. The annual figures issued by the Ministry of Agriculture revealed that 495 outbreaks were confirmed, necessitating the slaughter of 75,454 animals either diseased or exposed to infection. The comparable figures for 1951 were 116 and 12,875 respectively.

SWINE FEVER

At the beginning of the year, despite a decrease in the number of outbreaks from the previous month, the position relating to swine fever must have caused considerable anxiety. During the first quarter of the year the situation steadily deteriorated and increases in the number of confirmed outbreaks were recorded each month. Finally, at the end of March, a total of 275 outbreaks was detected, compared with a total of 210 at the same date in 1951. 123 outbreaks were discovered in April and the first indication that the deterioration in the position had been arrested was noted in May, when the total number of outbreaks was 101. A substantial improvement appeared in June, when a total of 58 outbreaks was recorded. Despite the improvement in the figures there was at the end of June a substantial increase in the aggregate for the half-year—the comparable totals were 557 outbreaks, against 478 at the same date in 1951. Satisfactory figures were maintained throughout the year's third quarter, when striking comparative figures with the corresponding ones in 1951 were observed. The figures for July 1951 were about double those for July 1952, and those for August and September 1951 were more than treble the comparable ones in 1952. At the end of September there was a substantial fall in the aggregate figures—692 against 913. It seems to me that satisfactory returns were regularly issued by the Ministry of Agriculture during October and November. Although there was an increase in the number of outbreaks in December, evidence was not wanting that there was considerably less activity throughout the year, compared with 1951. The annual figures published by the Ministry of Agriculture show a substantial decrease—the comparative totals were 891 outbreaks in 1952, against 1,343 last year. 89 local piggeries were visited during the year.

FOWL PEST

Following two favourable fortnightly returns for January issued by the Ministry of Agriculture, the year opened with a considerable improvement in the position relating to fowl pest. In my opinion no unfavourable return was issued during the first quarter of the year and at the end of March there was ample evidence that the improved state of affairs had been maintained. Regular satisfactory returns were published until the end of June. Comparable figures at the end of the half-year seemed to indicate strong support for the final success of the Ministry's stamping out policy. 121 cases were recorded in the first six months of this year, against a total of 494 at the corresponding date last year. Seemingly up till the month of November the Ministry of Agriculture were justified in regarding the steady progress

of their eradication policy as very satisfactory. Towards the end of November, however, fowl pest flared up suddenly, causing no doubt a serious setback to the Ministry. The Ministry's returns for December showed how greatly the position had deteriorated. A total of 268 outbreaks was confirmed during December. Although the year ended with very unfavourable reports, the annual figures issued by the Ministry were not completely lacking in encouragement. The total number of outbreaks in 1952 was 498, against a total of 844 in 1951. A suspected case was reported to me, but after visits to the fowls and a careful investigation I was satisfied that the history did not warrant my reporting to the Ministry of Agriculture.

PET ANIMALS ACT, 1951.

This new Act, which came into operation on the 1st April, 1952, regulates the sale and aims at securing the protection of pet animals. Local authorities are empowered to license and inspect pet shops and provisions are specified for their guidance in determining whether to grant a licence. Some of the more important items mentioned in the Act for the animals' welfare relate to temperature, lighting, ventilation, cleanliness and adequate provision of suitable food and drink. Precautions are insisted on to prevent the spread among animals of infectious diseases and in case of fire or other emergency.

The Act makes it an offence to sell mammals at too early an age. The expression "animal" in the Act means any description of vertebrate.

FISH

The following is a list of various species of fish relating to parcels surrendered after inspection and condemnation: cod, herrings, plaice, bream, prawns, kippers, escallopes, skate, mackerel, bloaters, crabs, haddock, lemon sole, whiting, soles, coley, dogs, salmon, sprats.

OTHER FOODSTUFFS

As in previous years, practically all kinds of foodstuffs, other than fish, home-killed and imported meat already mentioned, were handled under this heading. Canned foods were an important item, 26,465 tins being surrendered as unfit for human consumption following inspection.

DUTIES AT THE PORT

No clinical evidence of the existence of any notifiable disease was detected in livestock landing at the Port and all animals were able to proceed to their destinations.

FOOD AND DRUGS ACT, 1938

No seizure was necessary during 1952. All foodstuffs unfit for human consumption were dealt with by surrender.

VISITS

1,945 visits were made during 1952, including 469 to meat premises (wholesale and retail), 147 to fish premises (wholesale and retail), 950 to provision shops (wholesale and retail), 89 to piggeries, 162 to sausage makers, 50 under the Pet Animals Act, 1951, and 477 relating to complaints.

REPORT OF THE CHIEF SANITARY INSPECTOR

W. F. APPLETON, M.R.SAN.I., F.S.I.A.

INTRODUCTION

The emphasis still being upon both economy in expenditure and space, the difficulty is not what to include, but what to leave out in order that as balanced a picture as possible may be presented to the readers of this report, which may well be the last bearing the above title.

GENERAL INSPECTION (PUBLIC HEALTH ACT, 1936)

An interesting fact to record is the connection between a decrease in the annual tally of complaints and the recorded weather of 1952.

Approximately 3,000 complaints were received in the twelve months of this review, more than a thousand less than 1951's total of 4,092. This remarkable decline appears to be directly connected with the fact that 1952's rainfall was 28·13 ins. for the City, compared with 39·17 ins., the City's rainfall for 1951. An equation based on this data arrives at the same result as the number of complaints made.

Resulting from these complaints was the following action :—

Intimation notices issued	1,827
Abatement notices served	776
Letters requiring work "without further delay"	270
Letters requiring work "within seven days" ..	96
	<hr/>
	2,969
	<hr/>

The requirements of these statutory demands were observed and supervised during 7,910 inspections, and 10,688 visits by district inspectors. The year saw a readier compliance with the law by those persons receiving notices, due, no doubt, to publicity in the local press given to previous court action. In 1952, 25 defaulters were required to appear before the Bench, the appearances resulting as follows :—

Adjourned <i>sine die</i>	2
Orders made for work to be done	15
	<hr/>
	17
Settled before case heard	6
Work completed before case heard, but costs obtained	2
	<hr/>
Total	25
	<hr/>

Failure to comply with the order of the Court caused one of the defendants in the above cases to be fined.

One appeal against the findings of the Court failed.

TENTS, VANS, SHEDS AND CAMPING SITES (Section 268—P.H.A. 1936),

CLIFFDALE CAMPING SITE

The above Corporation property was superficially well-maintained but gave rise to several complaints by caravan-occupiers, who found that the re-organisation of the caravan sites made the sanitary conveniences almost

inaccessible during the hours of darkness. The facilities for disposal of Elsan contents and other waste products were also found to be inadequate, and recommendations have been made to the Parks Superintendent, which, when implemented, should bring the site up to the requisite standard.

GREAT SALTERNS HOUSE SITE

The exploitation of this ground as a caravan site has presented several public health problems. The existing drainage system, the ramifications of which cannot be fully established, is inadequate and probably defective. The drainage from the House, the Golf Club and the water-closets used by the caravaners formerly found its way into Great Salterns lake, and water from this source, on analysis, showed faecal pollution. The overflows leading to the lake have been cut and sealed and sewage now accumulates in the cesspool, which is of minor capacity, and should be emptied daily. The problem of drainage arises from the absence of a sewer in the vicinity, but the construction of one in Burrfields Road and Dundas Lane, together with the scheme prepared by the City Architect's Department and Parks Superintendent in co-operation with the Health Department, will remove the danger of an epidemic originating from increased use of the present overloaded system.

OTHER SITES

The three other sites in the City, one of which is Corporation-owned, have been adequately supervised and routine inspections have recorded no nuisances, neither have complaints been received.

Let to the operators of a local amusement park, a temporary caravan site was the subject of surveillance by the department and a number of temporary structures were removed and the mode of conducting the site improved.

INDIVIDUAL CARAVANS

Newcomers to the City, noting the scarcity of housing accommodation, invariably turn to the temporary solution of the caravan, and the merits of genuine applications to station caravans on other than the authorised sites receive sympathetic consideration. Three applications were made during the year and received either permission or an extension of the time already granted. Seven cases of caravans stationed without permission were discovered by, or intimated to, the department, and on investigation were found either to be unoccupied or were removed without further trouble.

Co-operation with my colleague at Havant resulted in the removal of a van occupied as a temporary dwelling and situated on a Havant site vested in the Portsmouth Corporation.

Only one instance of a temporary structure being used for living accommodation occurred during 1952 and was discovered during investigation of a sub-tenant's application for Council accommodation.

One caravan was represented to its owner as being unfit and that person was requested not to permit it to be occupied again.

FOOD

EXTRANEOUS MATTER IN FOOD

Fewer occurrences took place in 1952, and this lessening can probably be attributed to the provision of more mechanical aids and better supervision in food preparation places. Fortunately, matter found in food is invariably

reported immediately, so that the minimum time elapses between discovery and investigation, and consequently between cause and remedy. No local prosecutions resulted from the 1952 offences, and the routine of reporting these matters to the Committee for their instructions was carried out, with the results shown hereunder :—

<i>Material or object</i>			<i>Found in</i>	<i>Action taken</i>
Cigarette end	..	..	Sack of flour ..	Referred to C.S.I. of authority of origin
Comb tooth	..	..	Sliced loaf ..	ditto
Piece of material	..	..	Loaf ..	ditto
Piece of wire	..	..	Sweet ..	Caution administered
Nail ..	..	..	Cake ..	ditto

FOOD AND DRUGS ACT, 1938, Section 13 & 14

Inspections to check compliance with the requirements of the above sections totalled 3,561. Several infringements were noted and were the subject of warning letters, 46 such intimations having been addressed. In nearly all of these the recipients were called upon to provide constant hot water on their premises, for there are still many establishments whose managements regard the gas-ring and kettle as the ultimate in hot-water provision.

STALLS AND KIOSKS

Like many other bombed cities, Portsmouth acquired a post-war legacy of trouble in the problem of the war-damaged site, and this was increased by the mushrooming of stalls and kiosks in an endeavour to temporarily replace the vanished amenities. Many of these structures are maintained by bona-fide traders who serve the public well, and all are required to observe the provisions of the Act, but quite inexplicably one or two stallholders were found to have either dispensed with the washing facilities or to have removed them entirely.

In the past twelve months, one such case happened on a bomb-site, the post-war development of which has been the cause of much heart-burning to the neighbouring residents. Two stalls for the sale of shellfish and "anglicised" hot-dogs vended by a less reliable trader were kept under observation at night when trade was most brisk, and it was observed that even the most elementary hygienic precautions had been dispensed with. When investigation was complete it was found that nearly every requirement of the Act had been contravened. A form of notice under the Food and Drugs Act, 1938, was sent to the proprietress, and it was intended to follow the expiration of the notice with an immediate prosecution ; but the matter resolved itself by the offender closing down the business and leaving the City.

MOBILE CATERERS

Two motor vans were approved for use as travelling catering establishments, the requirements for licensing being of the same standard as that required for ordinary premises. The staff have gained invaluable experience in the post-war years in an advisory capacity on the design of mobile canteens and many of the suggested layouts have been highly ingenious, for it requires considerable "know-how" to compress the equipment of a kitchen into the confines of a van and, after that reduction, to leave sufficient space for the operators.

OTHER NEW FOOD PREMISES

The Food Executive Officer continued the agreed practice of forwarding applications for catering licences to me, and the year's new business amounted to 31 applications. Including the two vans mentioned above, 13 premises reached the high standard prescribed by the Clean Food Byelaws and the Food and Drugs Act 1938. Three properties were inspected and found not to satisfy minimum requirements. Thirteen other proposed establishments are in process of adaptation. Two incipient caterers reviewed the difficulties attendant on conversion of premises and withdrew their applications.

Summary of New Premises :

Inspections and visits	112
Applications referred to C.S.I. by F.E.O.	31
Premises found to be satisfactory	13
Premises found to be unsatisfactory	3
Premises in course of adaptation	13
Applications withdrawn	2
	—
Total	31

SHELLFISH VENDORS

No infringement of the Portsmouth (Shellfish) Regulations, 1918, occurred in 1952 ; but a review of the publicity given to the Regulations cast doubt upon its effectiveness, especially when a survey revealed that none of the posters and boards erected in 1941 was extant. Fresh locations have been chosen and the erection of more durable notice boards will be carried out in 1953.

The inevitable suspected shellfish poisoning case was disproved by the bacteriological examination of a sample from a similar batch of shellfish from the source under suspicion.

42 visits were paid to shellfish premises and vendors.

FISH FRIERS

Two new fish-frying establishments were approved for the retailing of this popular item of the nation's diet. In addition, 155 other inspections of existing catering establishments were made.

GENERAL FOOD HYGIENE

The campaign against the vending of dirty food to the public gained momentum during 1952. This was due to the decrease in the number of complaints necessitating general inspection under the Public Health Act, 1936, a respite which the district sanitary inspectors utilised in the increased surveillance of the City's food preparing and vending concerns. The public is also a very useful ally to the public health officer and is assisting in the extinction of the questionable food retailer by greater discrimination in its choice of eating place, and to a greater extent by the prompt way in which it now reports contravention of hygiene. Thus, although a gastronomic utopia has not yet been attained, very noticeable improvements in methods of handling, preparing, serving and displaying food have been achieved. There is, however, a lamentable tendency for some large firms to excuse themselves from improvements on the grounds that similar requirements have not been made of their rivals. That there is no discrimination in the treatment of one firm compared with another cannot be over-emphasised—any demand made on any firm prior to its neighbours is due solely to the fact that inspection must commence somewhere.

LECTURES AND DISPLAYS

The conveyance of knowledge of hygienic practices and principles to the catering industry and the general public in lectures by members of the staff was continued, and extended to cover emergency conditions for Civil Defence personnel.

DOGS IN FOOD SHOPS

Distribution of the notices drawn by the Ministry of Food and recommended by Circular M.F. 20/51 continued during the year. The appearance of the notices opened a minor controversy in the local press, the salient argument being "why choose the dog for exclusion—why not exclude all animals?" As the dog is about the only peripatetic pet, the fallacy of this contention is obvious, to say nothing of the known bacteria-distributing propensities of the canine compared with, say, the comparatively hygienic cat.

A heartening feature of the dog exclusion campaign was the unsolicited request from a major firm in the City for a hundred of the notices for display in its branches.

CLEAN FOOD BYELAWS

Cracked and unclean crockery. Only one complaint was made to the department regarding defective crockery in cafes, and this emanated from a patron of a large catering establishment, the management of which should certainly not have permitted the occasion for such criticism, no matter how quickly the condition was remedied.

Protection of food against contamination. Another potential case failed through lack of corroboration when an allegation of the transport of brussels sprouts in a manure cart was investigated. The allegation was based on faulty observation apparently, for, although the information was immediately followed by investigation, the offence could not be substantiated.

Six firms were sent letters telling them of offences against the Clean Food Byelaws revealed by the inspection of their premises. Subsequent visits ensured that remedial action had been taken.

MINISTRY OF FOOD CIRCULAR 4/48

Three firms applied to me for intervention with the Ministry in regard to the reconstruction of their premises. In each case a survey of the building led to the necessary recommendation being made and subsequently an approval was given for improvements to the food storage facilities of one large firm.

CHILDREN'S HOSTEL KITCHEN

A survey of the out-moded kitchen of a children's hostel, in which access to the lavatories and waterclosets was via the food preparation room, showed that reconstruction was necessary to the health of the children, and, as a minor *sonné* dysentery outbreak was involved, correspondence with the Home Office ensued, the outcome being favourable to the proposed reconstruction.

SMOKE ABATEMENT

CONFERENCE

Much time was devoted in 1952 to making the local arrangements for the reception and entertainment of the 410 delegates to the National Smoke Abatement Society's conference held in Portsmouth. This industry was amply rewarded by the appreciation of the Society, and I quote from the General Secretary's letter when the conference had concluded :—

“Everyone seemed to enjoy very much the visit to H.M.S. *Victory*. This was certainly a very pleasant way of concluding the conference. Several people told me that they regarded it as the most successful of all our conferences, and I am sure that this satisfactory result is due very largely to the excellence of the hospitality we received and the arrangements made on our behalf, so much of which was due to your own personal co-operation and active work”.

Two happy outcomes of the conference for the Society were the recruitment of the Lord Mayor to membership and an increased subscription from the City Council.

SMOKE OBSERVATIONS

Six complaints of smoke nuisance from four sources were received and all were substantiated, although one notice only was issued. Smoke and deposits were observed coming from a van park, a laundry, a hospital and a new factory ; the nuisances were abated as follows :—

Site

Van Park	..	Discontinuing the use of the defective installation and re-equipping with an electric radiator.
Laundry (two occasions)	..	Correspondence with the D. Fuel Officer and obtaining a change of fuel for the firm (despite the fact that the D.F.O. alleged that the complaint was due to inefficient stoking). On the second occurrence, a notice was issued.
Hospital (two occasions)	..	Informing management of inefficient operating of plant. Since this action, the two offences have not been repeated.
New Factory	..	Interviewed manager, who alleged that offences were due to the “running in” or experimental state of the new boiler installation.

87 observations were made.

HOUSEBOATS

Three vessels were visited during 1952 following applications by their owners to rent berths at the Controlled Houseboat Station on the Eastern Road bank of Langstone Harbour. The routine inspection by the City Engineer's representative and myself having proved the suitability of the craft, the applications were approved and tenancy agreements drawn.

The reservation in the tenancy agreement that the occupants of each houseboat should consist of one family only was infringed in one instance by an advertisement in the local press offering accommodation for holiday makers. The vigilance of the department duly impressed the offender, who guaranteed there would be no repetition of his breach of agreement.

HEALTH EDUCATION

Not the least achievement of the staff has been the combined dissemination of information and knowledge not only to the general public but also to specialised groups. Thus lectures, talks and demonstrations were given to such varied audiences as members of the catering industry, student teachers, pupil midwives, pupil health visitors, church guilds, round table and rotary groups, and extended to cover emergency conditions for Civil Defence purposes.

Only one display occurred in the twelve months field of this report and was commended, but not sponsored, by the Health Department, it being an industrial undertaking's exposition of refrigeration in regard to displayed food.

INFECTIOUS DISEASES

Investigations were made into the origins of infection in 632 cases of infectious diseases or suspected diseases.

The utmost priority was given to notified contacts of smallpox. It is an interesting but irritating fact that such activity always seems to coincide with bank holiday periods. Fortunately 1952 proved generally less active in this respect than 1951. Nevertheless, several anxious moments were caused by a military contact of smallpox, who, whilst on leave in Portsmouth, was reported by the investigating inspector to be suffering from a rash and a high temperature. Luckily, neither proved to be due to smallpox, and the Easter holiday was resumed.

One pyrexia of unknown origin developed into a case of abortus fever, and exhaustive enquiries were made in an attempt to locate the source, but, as the infected person was a representative for a firm marketing goods over the South of England, the possible locations were too numerous to be eliminated. One exploration led to the Isle of Wight, where, on holiday, the patient had possibly consumed goats' milk.

No new cases of typhoid fever occurred in the City, but two people hospitalised for other conditions were discovered to be hosts of *B. typhosus*. Routine investigation of the history of the patients gave no lead to the initial infection and failed to connect either case with the other. Similar results were experienced in the usual sporadic cases of paratyphoid B, three of which occurred almost at the same time. Although the 'phage types were identical with each other and were typical of Portsmouth, not the slightest shred of evidence was adduced to connect them or to suggest a vehicle of infection.

No major food poisoning outbreaks took place; but 30 inspected individual cases were followed up. More salmonella typhi-murium cases occurred than in 1951 and in five instances "secondary cases" were discovered by the bacteriological examination of specimens from apparently unaffected relations of the patients.

206 cases of vomiting and diarrhoea were the subjects of enquiry and mostly proved to be due to sonné dysentery. Over 120 specimens were submitted to the Central Laboratory for pathogenic investigation and numerous suspected foodstuffs were examined in connection with the foregoing cases, all the food giving negative results.

Contacts of undulant fever, typhoid fever, poliomyelitis and smallpox, notified as having entered the City, totalled 22, and all were kept under surveillance until the possibility of further infection passed.

The disinfection of premises after removal to hospital of infected persons, and terminal disinfection of accommodation of infected persons nursed at home was efficiently and speedily effected by the departmental disinfectors, whose operations included 595 rooms, 130 public and private library books and 143 mattresses.

Summary

Total enquiries re known or suspected cases of I.D.	632
Visits of surveillance to contacts	21
	<hr/>
	653
	<hr/>

LAND CHARGES ENQUIRIES

3,176 searches were made against Portsmouth properties to ensure that, on transfer of ownership, they were free from statutory notices.

CINEMATOGRAH ACT AND STAGE PLAY LICENCES

The certification of the sanitary accommodation of three cinemas was held up for various reasons, ranging from redecoration to minor adjustments to fittings, but the high standard of cleanliness and maintenance achieved by the managements was upheld by the remainder. Eventually all cinemas received the necessary certification, 44 inspections being made.

BURIAL ACT, 1857

The procedure laid down by the Home Office to secure the proper and decent exhumation of human remains was observed by the district inspector on the two occasions when faculties were granted to relatives of the deceased.

POWERS OF ENTRY

Seven contingencies arose out of refusal to permit inspectors to enter premises for the purposes of the Public Health Act, 1936, but, on referring the objectors to the statutory powers of entry after formal notice, entry was granted without further trouble.

PERSONS INADEQUATELY HOUSED

A decrease in the number of houses allocated was not reflected in the volume of work undertaken by this section of the staff, which dealt with a ten per cent increase over 1951 totals.

Whilst more files were referred from the City Treasurer's department for the assessment of category II points and to the Medical Officer of Health for category III points, there was a corresponding increase in the number of applications requested by the Public Health Department for investigation on grounds affecting the applicants' health, i.e., insanitary conditions, overcrowding, medical reasons. 3,784 investigations instigated by various bodies or persons were made, and resulted in many dwelling-houses being improved by statutory action. A similar procedure to that quoted in my 1951 report was adopted regarding the closure or otherwise of unfit premises and underground rooms, namely, relevant extracts from the Act were sent to the owners who, at the same time, were advised either not to permit the property to be tenanted again or to remedy the condition.

Summary

Files requested by M.O.H. for assessment	..	2,963
Housing applications referred to the M.O.H. by the City Treasurer	.. .. .	5,737
Cases investigated prior to allocation	.. ..	364
T.B. cases	.. .. .	94
Total		9,158
Unfit premises closed (includes three basements and three houses outside Portsmouth)	.. ..	13
Basements or underground rooms notified to owners for remedy or closure	.. .. .	28
One caravan was also closed as unfit.		

Once again I record with gratitude the assistance afforded me by my colleagues of other authorities by their prompt and comprehensive reports on the environmental circumstances of applicants in their areas registered for accommodation in this City.

WATER SUPPLY

No complaints regarding the water supply were recorded in 1952, and the qualities of purity, potability and volume have come to be accepted by the Company's customers. One enquiry was made at the department following the appearance of green deposit in a kettle, but no further action was taken than to reassure the inquirer. No further investigations into the incidence of precipitated copper were made during the year and no case of diarrhoea and sickness occurred in conjunction with possible electrolysis or galvanic action affecting the supply pipes.

1953 should see the closure of the last remaining well to supply dwelling houses, as the provision of a new water main near enough to supply the two villas is proceeding as this report is being drafted.

SWIMMING POOLS

Unfavourable reports on water sampled from some of the swimming pools occasioned sampling visits in addition to the normal routine, but were relaxed as and when the satisfactory standard returned.

NEW BUILDINGS

This section shows a remarkably increased activity resulting from the stimulus given to the building industry. 482 occupation certificates were made out after 692 inspections had been made. Further visits totalled 1,779 and 316 chemical and smoke tests were applied.

ICE CREAM PREMISES

Having received complaints from four Surrey authorities regarding the grading of one manufacturer's ice cream in this City, special surveillance was kept on the plant, building and employees. An informal notice of contravention of Sec. 13 of the Food and Drugs Act, 1938, was issued on the

firm and certain structural works were secured. Major changes were also made in the staff and a satisfactory standard of product was achieved, only, unfortunately, to lapse at the end of the year. The matter is proceeding.

New registrations :

New manufacturers	1
New retailers, 26 pre-packed ice-cream, 7 ordinary	33
	—
Total	34
	—

ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947

No offences were recorded in 1952.

RECEPTACLES FOR REFUSE

Many of the district inspectors have commented on the numerous types of insanitary refuse bins in use by householders, varying from open galvanised iron baths, wooden boxes and buckets to petrol drums and oil tins. Attention to this matter cannot be much longer delayed.

PESTOLOGY

In the zoological and entymological fields the staff of the sanitary inspectors' department were called upon to advise householders and others on methods of eradication of rats, mice, bugs, fleas, lice, flies, wasps, hornets, ants, earwigs, woodlice, cockroaches, furniture beetle, steam flies, woolly bears, weevils, mites and suspected colorado beetle.

MISCELLANEOUS

The extent and diversity of the duties of an inspector in the Public Health Department of a large city are emphasised by the fact that, in addition to the work already recounted under various headings, visits and inspections were given to the following: drinking fountains in public open spaces, nursing homes, day nurseries and nursery schools, chapels of rest, public conveniences, air raid shelters, stables and piggeries.

AIR RAID SHELTERS

The opinion of the department was sought on two occasions by householders to secure the demolition of domestic surface shelters on the contention that removal was essential to the health of persons living in the houses.

NUISANCES FROM DEPOSITS

Fifty-seven complaints were directed to my notice concerning the depositing of matter on various sites, most of them derelict or war-damaged. Where such action could be achieved the person responsible for depositing organic matter was made to remove it, but where the deposits were inorganic or came within the definition of an offence against the byelaws for good rule and government of the City, the complaints were referred to the Chief Constable.

SUMMARY OF WORK CARRIED OUT

INSPECTION OF PREMISES

Dwelling houses	7,910
New dwelling houses	962
Common lodging houses	7
Tents, vans, sheds, caravans, camping sites	232
Verminous premises	386
Houseboats	68
Offensive trades	14
Smoke, chemical tests and colour tests to old drains	322
Chemical and other tests to new drains	316
Housing Act, 1936	145
Housing Act, 1936—Permitted No. Survey	21
Underground rooms	125
Power factories	874
Non-power factories	136
Workplaces	39
Outworkers' premises	48
Rag Flock Act, 1951	82
Shops Act, 1950	792
Burial Act, 1857	2
Town and Country Planning Act 1940/48	84
Cinemas and places of public entertainment	44
Circular M.F./4/48	3
Timber licences	10
War damaged buildings and sites	87
Public conveniences	29
Air raid shelters	8
Rodent control (not included in rodent control report)	163
Chapel of Rest	1
Hospitals	1
Nursery Schools	8
Stables	2
Piggeries	5
	<hr/>
	12,926

VISITS

To dwelling houses re notices and miscellaneous visits (3,361)	14,049
To factories re notices	62
To rodent infested premises (not included in Rodent Section report)	207
To new buildings re occupation certificates	1,779
Re obstructed and defective sewers	599
To swimming pools	58
	<hr/>
	16,754
Inspections	12,926
	<hr/>
	29,680

INSPECTION OF FOOD PREMISES

Ice-cream manufacturers	460
Ice-cream retailers	341
Tripe boilers	5
Bakeries	197
Shellfish vendors	42
School meals cooking depots	1
Municipal restaurants	21
Fishfriers and fishmongers	180
New registrations	112
New ice-cream registrations	93

FACTORIES

PART I OF THE ACT

	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories, non-power	101	250	2	—
„ power	655	860	14	—
Other premises in which Section 7 is enforced	76	76	—	—
	832	1,186	16	—

PARTICULARS

	Found	Remedied	Ref. by H.M. Inspector	Ref. H.M. Insp.	No. of Court Procee.
Want of cleanliness	3	3	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	1	—	—	—	—
Sanitary conveniences :					
(a) Insufficient	5	4	4	—	—
(b) Unsuitable or defective	7	7	1	—	—
(c) Not separate for sexes	—	—	—	—	—
(d) Other offences against Act.. .. .	2	2	1	3	—
	18	16	6	3	—

SUMMARY OF WORK REQUIRED TO BE CARRIED OUT BY NOTICES

Drains cleared	137
Drains repaired or relaid	78
Drains ventilated or v.s. repaired	10
New w.c. pans provided	99
W.c. fittings repaired	271
Flushing apparatus to w.c. provided	123
W.C. ventilated	6
W.C. cleansed	31
Gratings provided to gully traps	4
Glazed stoneware sinks provided	14
Sink waste pipes repaired, trapped or renewed	111
New pedestal closet pans provided	99
Rainwater spoutings cleansed or repaired	517
Roofs repaired	935
Weather slating repaired or external walls protected	98
Floors, stairs or doors repaired	632
Sashes, lines, sills, glazing or sashframes repaired	834
Damp courses provided or repaired	88
Houses or parts of houses cleansed or distempered	36
Houses or parts of houses repaired	7,023
Sanitary dustbins provided	7
Dust-chutes cleansed or repaired	4
Space beneath floors ventilated	17
Yards, stables, sties, etc., repaved	31
Foundation of houses concreted	—
Water supply laid on or water service repaired	43
Cooking ranges or firegrates repaired or renewed	196
Coppers repaired or renewed	—
Other nuisances in dwelling houses abated	153
Manure and refuse removed	38
Animals removed	6
Stagnant water removed	1
Bedding cleansed or destroyed	1
Yards, stables, sties, etc., cleansed	3
Make cesspool watertight	—
Demolish premises	—
Provide grease trap	1

RODENT CONTROL

Number of complaints received	..	..	..	..	..	..	..	3,101
Number of premises visited during survey	..	..	..	..	..	..	..	1,754
							TOTAL	4,855
Number of premises treated	..	..	..	..	..	..	..	3,201

Of the above 3,201 premises treated, 2,458 were dwelling houses, 632 business premises, 110 local authority premises and one agricultural. Included in the business premises were 14 Naval establishments.

Of the 3,201 premises treated, one was a major infestation, 1,609 minor infestations (rats), 1,591 minor infestations (mice). Average number of treatments per week—64.

ESTIMATED KILL DURING THIS PERIOD

City's sewerage system : manholes 4,155	..	..	..	..	..	8,000 rats
Dwelling houses	}	..	..	..	..	10,000 rats
Business premises						
Local Authority premises						
Total estimated kill						18,000

Refuse tips, sewage disposal works, docks, foreshores and the foul sewers were treated twice during the year.

Four treatments were carried out for the destruction of rats and mice on the British Railway system in the Portsmouth area and good results obtained.

Instructions were received from the Director of Navy Contracts that the contract between the Local Authority and the Admiralty should continue indefinitely.

MOSQUITO CONTROL

The marshes and other potential mosquito breeding places within the City boundaries have been periodically surveyed by the staff of the British Mosquito Control Institute with the active co-operation of a member of my staff, in accordance with the agreement with Havant and Waterloo U.D.C.

Systematic oil treatment and ditching have minimised mosquito breeding.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

82 inspections were made to the one premises licensed and the 26 registered under the above Act.

REPORT ON CLEANSING

I am indebted to the Manager of the Cleansing and Haulage Department for the following report on the Cleansing Service during the year :—

“Refuse collection has been maintained at weekly intervals throughout the year, and with the speeding up of the housing programme the special vehicle purchased to remove the refuse from the Corporation flats has been fully employed.

Controlled tipping proceeded according to plan at Great Salterns, where valuable land reclamation has taken place. The bulldozer continued to give satisfactory and economical service in consolidating and covering the tip.

During 1952 the prices obtaining for waste paper and salvage materials in general fell considerably. At the same time there was a drop in the demand and some difficulty was experienced in disposing of the stocks at the Depot. As a result, the profit for the year was very small and the estimated sum to offset the cost of refuse collection was not realised.

At the concentrator plant for processing kitchen waste a further cooker was installed to cope with the increasing supply of raw food, and the profit of previous years was maintained.

The two mechanical sweepers continued to give satisfactory service and the work of street sweeping continued smoothly throughout the year. Fortunately, no heavy snowfall was encountered.

The street gullies continued to have their regular cleansing and the gully emptying machines returned to their pre-war use of washing down the promenade at Southsea during the summer season”.

PORT HEALTH AUTHORITY

Public Health Department,
Municipal Offices,
1 Western Parade,
Portsmouth.

To the Chairman and Members of the Port Health Authority.

Ladies and Gentlemen,

I have the honour to present my Report on the work of the Port Health Authority of Portsmouth during the year 1952.

SECTION I—STAFF.

TABLE A

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointm't held
T. E. ROBERTS	Port Medical Officer of Health	1-11-47	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health and School Medical Officer, City of Portsmouth.
W. F. APPLETON	Chief Port Health Inspector	1-1-52	M.R.San.I., F.S.I.A.	Chief Sanitary Inspr., City of Portsmouth.

Address and Telephone Number of the Medical Officer of Health :

Official : 1, WESTERN PARADE, PORTSMOUTH .. 74581, Ext. 144
Private : 3, CARMARTHEN AVENUE, COSHAM, PORTSMOUTH 76143

SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board.
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports ..	308	59,316	1	48	1
Coastwise .. (includes local traffic between Southampton, Isle of Wight and Portsmouth)	2,764	580,932	—	115	—
TOTAL ..	3,072	640,248	1	163	1

SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C

There was no passenger traffic during the year.

Cargo Traffic. The principal imports were coal, cement, stone, oil, timber, glassware, building materials, tomatoes, onions, potatoes, cauliflower, citrus fruits, apples, pears, peaches, nuts and general cargo traffic, from France, Italy, Holland, Belgium, Germany, Sweden, Finland, Norway, North Africa, Spain and Channel Islands.

The principal exports were pitch, machinery, scrap iron, fertilisers, barley and general cargo.

SECTION IV—INLAND BARGE TRAFFIC

There is no inland barge traffic.

SECTION V—WATER SUPPLY

- (1) The water used in the Docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants on the quay.
- (2) Samples are taken periodically by the Public Analyst of the City of Portsmouth and reports submitted to the Medical Officer of Health.
- (3) With regard to the supply of drinking water to ships arriving at and leaving the port the following precautions are taken before water is supplied.

When the water is turned on it is allowed to run through the hydrants for a while and then the hose is connected and the water allowed to run through the hose in the same way. When the quantity of water needed has been supplied the hose is disconnected, the water allowed to run through, and the hose replaced in the store, where it is locked up safely. The hydrants are locked and covered up also, and the area in the vicinity of the hydrants and hose pipes is kept scrupulously clean by washing down.

- (4) There are two Admiralty water-boats, controlled by them.

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

- (1) *List of Infected Areas*

The weekly Ministry of Health record of quarantinable diseases is supplied by the Port Medical Officer of Health to the Chief Port Health Inspector and the Chief Preventive Officer, H.M. Customs and Excise.

- (2) *Radio Messages*

The telegraphic address "Portelth", suggested by the Ministry of Health, has been adopted by the Port Health Authority for radio communication between them and shipping entering the district. The master of a ship equipped with a radio transmitting apparatus must, if there are any circumstances on board requiring the attention of the Medical Officer, send a wireless message to "Portelth" Portsmouth, stating the name of his vessel and the time on the 24-hour clock she is expected to arrive. This message must be sent off not more than 12 hours and not less than 4 hours before the arrival of the ship.

- (3) *Notifications otherwise than by Radio*

The master of a ship not fitted with a radio transmitting apparatus must notify the Port Health Authority, whenever practicable, before arrival and otherwise immediately on arrival, of any circumstances requiring the attention of the Medical Officer. International flag signals may be used for this purpose. These messages would normally be received by an officer of H.M. Customs and transmitted to the Medical Officer of Health.

- (4) *Mooring Stations*

The following mooring stations have been established, with the concurrence of the Queen's Harbour Master and the Commissioners of Customs and Excise; these are subject to variation by the Commander-in-Chief, should the necessity arise.

- (a) Outer Mooring Station :

An area about half-a-mile north-west of Mother of Bank Spit.

- (b) Inner Mooring Station :

The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings :—

- (1) That the mooring place referred to at (a) above is for ships with cholera, plague, yellow fever, typhus fever or smallpox on board ; and that at (b) for all other unhealthy ships not within a standing exemption.
- (2) That a standing exemption from detention has been granted by the Medical Officer of the Port Health Authority in respect of any ship which—
 - (i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seabords, but reports “all well” during the voyage, or arrives with no sickness on board, unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Health Authority.
 - (ii) has on board a case of minor infectious disorder, namely, chickenpox, measles, scarlet fever, diphtheria, enteric fever, erysipelas, malaria, dysentery, pneumonia, tuberculosis, mumps or cerebro-spinal fever.
- (3) That when necessary the Port Health Authority will convey the Customs officers to the mooring place referred to as (a) above, free of expense to the Crown.
- (5) *Arrangements for—*
 - (a) Hospital accommodation. Cases of infectious diseases are removed to the Portsmouth Infectious Diseases Hospital by means of the Municipal Ambulance and Medical Car Service.
 - (b) Surveillance. Contacts of infectious diseases cases :
 - (i) Living in the City. If not removed to hospital they are kept under observation by the sanitary inspector.
 - (ii) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised.Accommodation is available at the docks for the medical examination of suspected cases if necessary.
 - (c) Cleansing and Disinfection. Personnel and clothing are disinfected at the Infectious Diseases Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending examination. Cleansing of ships is carried out by the disinfecting staff of the Health Department.

SECTION VII—SMALLPOX

- (1) Cases of smallpox are removed to the smallpox hospital at Crabwood, near Winchester.
- (2) Cases are conveyed by the Portsmouth Municipal Ambulance and Medical Car Service, the vaccinal state of the ambulance crews being : two vaccinated in March, 1953, 15 in February, 1952, 17 in January, 1951, one in 1940, two not known.
- (3) The smallpox consultant is Dr. I. M. McLachlan, Physician Superintendent, Infectious Diseases Hospital, Portsmouth (Tel. 2046).
- (4) Facilities for laboratory diagnosis of smallpox exist, by arrangement with the Portsmouth and Isle of Wight Area Pathological Service, at the Central Laboratory, Infectious Diseases Hospital, Portsmouth.

SECTION VIII—VENEREAL DISEASE

Confidential treatment can be obtained free at the Special Department, Saint Mary's Hospital, Milton Road, on Tuesdays and Thursdays, from 10 a.m. to 12 noon and 5 to 7 p.m. (no appointment needed). In-patient

accommodation is available at one of the general hospitals in the City. Cards giving the above information regarding out-patient treatment are supplied by the Medical Officer of Health to the Harbour Master for distribution to shipping entering the Port.

SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports . .	—	—	—	—
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival.	Suspected smallpox (not confirmed)	—	1	1
Cases landed from other ships	—	—	—	—

On Tuesday, 13th May, 1952, at 10.15 a.m., the Medical Officer of Health received a message from H.M. Customs and Excise that they had been informed by the Port Medical Officer of Swansea that the tanker *Derwentdale* had left that port and was proceeding to Portsmouth. A case of suspected smallpox had been landed from the ship at Swansea on 23rd April. The Portsmouth Medical Officer of Health accordingly 'phoned the Medical Officer of Health of Swansea, who gave the history of the case and action already taken.

On the 14th May the *Derwentdale* arrived at Spithead, and in the evening the local smallpox consultant, Dr. I. M. McLachlan, and the Medical Officer of Health visited the ship with the Customs authorities, and inspected every member of the crew, stripped to the waist, comprising some forty-eight lascars, together with the officers. All appeared in good health, and on the 15th instant the ship proceeded to Portsmouth Harbour to discharge her cargo of fuel oil at the Naval jetty. The above information was passed to the Medical Officer of Health of Glasgow, where the ship was next due to call.

SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No malaria occurred in ships during the year.

SECTION XI—MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague or suspected plague occurred in ships during the year.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

- (1) Vessels arriving from abroad are examined periodically by the Port Health Inspector. Rat disinfestation is carried out by the Rodent Control Section of the Health Department in the port area.
- (2) Bacteriological or pathological examination of rodents can be carried out at the Central Laboratory, Infectious Diseases Hospital ; none was examined during the year.

- (3) The Port is not approved for the deratting of ships and, by agreement with Southampton Port Health Authority, this is undertaken by them. Seven certificates were issued in respect of local coastwise vessels during the year.
- (4) When necessary, rat guards are placed on ropes between ships and quays.

TABLE E

Rodents destroyed during the year in ships from foreign ports

Category								Number
Black rats	—
Brown rats	—
Species not known	—
Sent for examination	—
Infected with plague	—

TABLE F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

(Not applicable)

SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES

TABLE G

Inspections and Notices

Nature and Number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Primary .. 140	—	20	—
Others .. 23	—	—	17 complied with
Total .. 163	—	20	—

SECTION XIV—PUBLIC HEALTH (SHELLFISH) REGULATIONS, 1934 & 1948

There are no shellfish layings within the area of the Port Health Authority.

SECTION XV—MEDICAL INSPECTION OF ALIENS (APPLICABLE ONLY TO PORTS APPROVED FOR THE LANDING OF ALIENS)

(Not applicable)

SECTION XVI—MISCELLANEOUS

No special arrangements, other than those made by the shipping agents, exist at present for the burial on shore of persons who have died on board ship from infectious disease.

I desire to express my thanks to the Queen's Harbour Master and H.M. Collector of Customs and their staff for their cordial co-operation and valuable assistance during the year, and to record my appreciation of the excellent service rendered by the Port Health Inspector.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

T. E. ROBERTS,

*Medical Officer of Health,
City and Port of Portsmouth.*

7th April, 1953.

THE PUBLIC ANALYST'S REPORT

THE PUBLIC ANALYST'S DEPARTMENT,
TRAFALGAR PLACE,
CLIVE ROAD,
PORTSMOUTH.

To the Chairman and Members of the Health and Housing Committee.

I have the honour to submit my Annual Report on the work carried out in my Department during the year 1952.

The total number of samples submitted for examination was 3,229. These may be summarised as follows :—

Food and Drugs Act	..	..	..	..	1,665
Designated Milk	..	..	..	..	478
Ice Cream (Hygienic quality)	..	..	..	..	95
City Water	..	..	..	..	100
Swimming Bath Water	..	..	..	..	48
Sea Water	..	..	..	..	20
Fertilisers and Feeding Stuffs Act	..	..	..	..	4

SAMPLES EXAMINED FOR :

Corporation Departments	..	..	..	223
Borough of Gosport	..	..	..	155
Isle of Wight County Council	..	..	..	162
Other Local Authorities	..	..	..	43
Miscellaneous	..	..	..	236

TOTAL 3,229

Of the 1,665 samples which were submitted under the Food and Drugs Act, 134 (equal to 8·0%) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory.

No legal proceedings were taken ; all the adverse reports were dealt with by caution.

I am glad to take this opportunity of expressing my appreciation of the efficient and loyal service of the technical and clerical staff and the valuable co-operation of the Sampling Officer.

I am, Mr. Chairman and Members,

Your obedient servant,

A. L. WILLIAMS,
Public Analyst.

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Foods				
Milk	777	724	53	6·8
Baking Powder	9	8	1	11·1
Beef Suet	4	3	1	25·0
Butter	48	48	—	—
Canned Foods	23	23	—	—
Cereals	23	20	3	13·0
Cheese	48	48	—	—
Cocoa	8	8	—	—
Coconut	2	2	—	—
Coffee	9	9	—	—
Coffee and Chicory Mixture	2	2	—	—
Cooking Fat	48	48	—	—
Cornflour	2	2	—	—
Curry Powder	5	5	—	—
Custard Powder	8	8	—	—
Dried Full Cream Milk	1	1	—	—
Dried Herbs	30	26	4	13·3
Dried Peas	4	4	—	—
Edible Oil	1	1	—	—
Fish Cakes	12	10	2	16·6
Fish Paste	6	6	—	—
Gelatine	1	1	—	—
Gravy Salt	4	3	1	25·0
Ground Almonds	4	4	—	—
Honey	9	8	1	11·1
Ice Cream	37	36	1	2·7
Jam	29	29	—	—
Lemonade Powder and Crystals	3	3	—	—
Luncheon Meat	2	2	—	—
Margarine	48	48	—	—
Marzipan	3	3	—	—
Meat Paste	4	4	—	—
Mincemeat	14	14	—	—
Nuts, Pre-packed	5	3	2	40·0
Pea Flour	1	1	—	—
Pepper	8	8	—	—
Processed Cheese and Spread	31	2	29	93·5
Prunes	1	1	—	—
Pickled Onions	1	1	—	—
Rice	2	2	—	—
Saccharin Tablets	10	8	2	20·0
Sardines	8	8	—	—
Sauce	6	6	—	—
Sausages and Sausage Meat	13	7	6	46·2
Steak and Kidney Pie	1	1	—	—
Soft Drinks	8	7	1	12·5
Solid Soft Drinks	2	0	2	100·0
Spirits	21	17	4	19·0
S.R. Flour	4	4	—	—
Sugar	48	48	—	—
Sugar Confectionery	41	37	4	9·7
Sweetened Condensed Milk	4	3	1	25·0
Syrup and Treacle	4	4	—	—
Table Jelly	1	0	1	100·0
Tea	48	48	—	—
Tea Time Tablets	1	1	—	—
Tomato Juice	2	2	—	—
Tomato Ketchup	4	4	—	—
Uncooked Pastry	1	1	—	—
Vinegar	17	16	1	5·9
Total Foods	1,521	1,401	120	7·9

Nature of Sample				Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Drugs							
Artificial Raspberry Vinegar	..	..		4	4	—	—
Aspirin Tablets	..	..	..	9	9	—	—
Bicarbonate of Soda	..	..	..	4	4	—	—
Boric Acid Ointment	..	..	..	10	7	3	30·0
Calamine Lotion	..	..	..	4	4	—	—
Camphorated Oil	..	..	..	16	15	1	6·2
Castor Oil..	..	..	..	14	14	—	—
Cough Mixture	..	..	..	5	3	2	40·0
Cream of Tartar	..	..	..	8	8	—	—
Digestive Tablets	..	..	..	1	1	—	—
Epsom Salts	..	..	..	4	4	—	—
Friars Balsam	..	..	..	5	5	—	—
Fullers Earth	..	..	..	4	4	—	—
Gee's Linctus	..	..	..	10	9	1	10·0
Glauber Salts	..	..	..	4	4	—	—
Glycerine ..	..	..	..	5	4	1	20·0
Gripe Mixture	..	..	..	1	1	—	—
Iodised Throat Tablets	..	..	..	1	1	—	—
Seidlitz Powder	..	..	..	8	8	—	—
Stomach Powder..	..	..	..	1	1	—	—
Sulphur Ointment	..	..	..	10	7	3	30·0
Syrup of Figs	..	..	..	2	2	—	—
Tincture of Iodine	..	..	..	4	3	1	25·0
White Precipitate Ointment	..	..	..	4	2	2	50·0
Zinc Ointment	..	..	..	6	6	—	—
Total Drugs				144	130	14	9·7
Total Foods				1,521	1,401	120	7·9
Total Food and Drugs				1,665	1,531	134	8·0

CHANGES IN LEGISLATION

New legislation in 1952 was confined to a strengthening of food standards.

The Food Standards (Coffee Mixtures) Order 1952 prescribed a minimum of 51% coffee in Coffee and Chicory Mixtures and not less than 85% coffee in Viennese Coffee.

The Food Standards (Suet Order) 1952, prescribed minimum standards of 99% and 83% of beef fat for block suet and shredded suet respectively.

The Mineral Oil in Food (Amendment) Order 1952 reduced the amount of mineral oil permitted in dried fruit from 1.0% to 0.5%.

During 1952 the Food Standards Committee published reports concerning the permissible amount of contamination due to arsenic, lead and tin in food. The recommendations do not seriously conflict with the limits which are already generally accepted by Health Authorities but, in the case of Arsenic and Lead the recommendations include the reasonable suggestion that regard should be taken of the fact that where a small quantity of a particular food is normally consumed per day, a less strict limit might be imposed for that food. Since 1908, it has been held that tin contamination in canned foods should not exceed two grains per pound, and although the Committee have hardly any evidence of poisoning attributed to excessive tin content in canned goods they argue that good commercial practice can easily conform to this limit and an excess is possibly injurious. It is suggested, in fact, that since canning technique has improved considerably since 1908, the limit might even be lowered slightly.

Circular MF. 2/52, from the Ministry of Food asks local authorities to subscribe to the view that when so-called "liqueur" chocolates contain a non-alcoholic syrup, it is satisfactory to describe them as "imitation liqueur chocolates" with the word "non-alcoholic" in similar type.

In 1952, the Advisory Service of the Ministry of Food, set up some years ago to advise food traders on questions of labelling, was withdrawn. This action will no doubt lead to an increase in technical labelling offences, especially in the case of manufacturers of new products unfamiliar with this somewhat complicated legislation.

MILK

662 samples of milk were examined in 1952 to assess the nutritive quality. Milk derives its food value from the butter-fat and the "solids-other-than-fat" which it contains. The natural colour and the cream line provide a rough guide of the proportion of fat but only analysis can indicate whether the important solids-not-fat (casein, milk sugar and mineral salts) are present in adequate proportion. Although the average consumer judges the quality of milk by the cream line it is, in fact, less important than the other solids from a nutritive point of view.

Of the 662 samples, 261 represented the milk delivered by farmers to local dairies, 300 represented the processed milk from roundsmen delivering to the public and 101 represented the one-third pint bottles delivered to various schools in the City. There was no evidence of tampering in any of the samples from schools or retail roundsmen. The milk of 34 farmers was tested and three farmers were responsible for 16 samples containing added water. The proportion of water varied from 1% to 4% and the farmers were cautioned. During 1952 tests were made on 261 samples of milk from 34 farmers. These figures are but a small fraction of the 2,500 churns from 260 farmers which arrive in the City on an average a day.

The fat in 37 samples failed to reach the minimum limit of 3·0%. Deliberate skimming was not suspected in any of these samples; most of them were morning milk and the deficiencies were probably due to an excessively long period between the two milkings. In addition one particular herd was sampled on three occasions when every one of twelve churns (both morning and evening milk) was found to be deficient of fat. Appeal-to-cow samples subsequently proved that the cows were responsible for this poor quality and the officers of the National Agricultural Advisory Service were asked to advise the producer.

Milk inferior in another respect, i.e., deficient in solids-not-fat, was noted in 71 samples. This is usually due to bad breeding and unbalanced feeding and the farmers (11 in all) were advised accordingly.

It is clearly unsatisfactory to pay the producer a standard price for milk when the quality may vary within wide limits. On the other hand, a most complicated and expensive scheme of testing would be necessary to ensure that the price increased with the quality. Official circles recognise that although quantity is still of importance in milk production, some incentive should be given to produce quality as well, and a Working Party on Quality Milk Production is now considering this difficult question.

Although some very wide variations in quality are found in individual samples it is of interest to note that the mixed milk sold to the public by dairymen does not show much variation. In other words there are sufficient first-class herds to compensate for the inferior herds to give the average quality shown by the following table. Channel Island milk has been excluded.

AVERAGE COMPOSITION OF MILK

Month			Fat	Solids-not-Fat	Total Solids	No. of Samples Examined
January	..	..	3·94	8·64	12·58	30
February	..	..	3·92	8·58	12·50	36
March	..	..	3·90	8·83	12·73	34
April	..	..	3·70	8·68	12·38	23
May	..	..	3·50	8·75	12·25	24
June	..	..	3·66	8·65	12·31	41
July	..	..	3·58	8·58	12·16	31
August	..	..	3·71	8·59	12·30	37
September	..	..	3·75	9·01	12·76	40
October	..	..	3·84	8·70	12·54	35
November	..	..	3·80	8·70	12·50	27
December	..	..	3·91	8·77	12·68	33
Average	1952	..	3·76	8·70	12·47	391
„	1951	..	3·79	8·67	12·46	374
„	1950	..	3·72	8·75	12·47	363

CHANNEL ISLAND MILK

The milk from Jersey, Guernsey, etc., cows is generally richer in fat than other breeds and a higher price may be charged for it when it satisfies two conditions, namely, it must come from a herd consisting entirely of Channel Island breeds, and the fat content must not be less than 4·0%.

During the year 115 samples of this type of milk were examined, 31 from farmers' churns as delivered to dairymen and 84 samples from one-pint

bottles as sold to the public. Two of the latter samples were slightly inferior in fat content. All the samples from farmers churns were satisfactory.

The following figures give a comparison of the average fat content of Ordinary milk and Channel Island milk as sold to the public.

						Average Fat per cent	
						Channel Island Milk	Ordinary Milk
1952	..	..	..	..	..	4.54	3.76
1951	..	..	..	..	..	4.67	3.79

DESIGNATED MILK

All the milk sold in the City is either Pasteurised or Sterilised, and it is now illegal to sell raw milk in this area unless it comes from a T.T. herd, or, temporarily, from an Accredited herd.

The pasteurisation and sterilisation processes must be carried out in the manner prescribed by legislation and enforcement is provided by two laboratory tests which measure the efficiency of the plant control.

In order to prevent the sale of stale milk a Methylene Blue Test is prescribed to assess the keeping quality. This test measures the chemical activity of the organisms which are present in the milk, and since it is impracticable to prevent the rapid growth of organisms in very hot weather, it is held that the Methylene Blue Test is unfair to the dairyman when the atmospheric shade temperature exceeds 65° F, and under these conditions the test is void.

During the year 478 samples of Pasteurised and Sterilised milk were examined and only two samples failed the statutory test for efficiency of Pasteurisation. The results indicate that the dairymen are well aware of their obligations in this matter.

Class of Milk	No. Examined	Failed Methylene Blue Test	Failed Phosphate Test	Failed Turbidity Test	Number Satisfactory	% Satisfactory
Pasteurised	257	—	2	—	255	99.2
School Milk (Pasteurised) ..	101	—	—	—	101	100.0
Sterilised	16	—	—	—	16	100.0
Tuberculin Tested (Pasteurised) ..	104	—	—	—	104	100.0
Total 1952	478	—	2	—	476	99.6
„ 1951	397	1	4	—	424	99.1

ICE CREAM

NUTRITIVE QUALITY

More and more manufacturers are stressing the fact that ice cream is a nutritious food as well as a sweet or delicacy. Increasing quantities are served as part of a meal in restaurants and the home and these points emphasise the need for the minimum standards for fat, milk solids and sugars prescribed by legislation. The supply of raw materials is still difficult however, and the Ministry of Food found it necessary to lower the standard quality in July, 1952.

Chemical examination of 35 samples of ice cream indicated that most manufacturers produce a product which is far superior to the minimum standard of quality required by law. Only one sample failed to satisfy the standard of fat and this was due to negligence on the part of a small manufacturer.

The 1952 figures for fat content are very similar to those of 1951 as shown in the following table :—

Fat Content of Ice Cream :

Fat per cent	1952		1951
	No. of Samples		No. of Samples
Under 5·0	..	2	2
5·0 – 8·0	..	9	10
8·0 – 10·0	..	8	12
Over 10·0	..	16	16
		—	—
		35	40
		—	—

HYGIENIC QUALITY

95 samples of ice cream were examined for hygienic quality. The results indicate that the improvement noted in 1951 has not been maintained and the proportion of satisfactory and unsatisfactory samples is practically identical with the results of 1950.

Excessive numbers of undesirable bacteria are detected in the laboratory by a Methylene Blue Test which measures their chemical activity. Contamination arises from dirty plant in the manufacturing process and excessive handling in packing and retail service. Unsatisfactory storage tends to encourage the growth of a mere trace of contamination into significant proportions.

Manufacturers and retailers have willingly co-operated with the Local Authority throughout the year and every instruction or suggestion which aimed to improve the cleanliness of the product has received immediate attention.

A summary of the results is given in the following table ; the quality is expressed in Grades 1 to 4.

		1952	1951	1950
		95 samples	148 samples	162 samples
Satisfactory :	Grade 1	36%	53%	36%
	„ 2	26%	21%	30%
		} 62%	} 74%	} 66%
Inferior :	„ 3	18%	16%	14%
Unsatisfactory :	„ 4	20%	10%	20%

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
C 38	Gee's Linctus	I	Label offence. No name and address of premises where sold	Label amended. Retailer cautioned.
C 61	Blackcurrant Juice Cordial	I	Sulphur dioxide 12 p.p.m. in excess of the permitted maximum	Stock withdrawn from sale.
C145	Pork Sausages	I	Def. of 9% of minimum standard of meat	Manufacturer cautioned.
C165	Pork Sausages	I	Def. of 9% of minimum standard of meat	
C281	Pork Sausages	I	Def. of 6% of minimum standard of meat	
C249	Non-brewed Vinegar	I	Consisted of a coloured solution of acetic acid False description	Retailer cautioned.
C255	Sulphur ointment	I	8.2% sulphur; B.P. requires 9.5% minimum	Same packer. Investigation showed that these ointments had been packed hot and the ingredient was unevenly distributed. Stocks withdrawn from sale.
C308	Sulphur ointment	I	11.5% sulphur; B.P. requires 10.5% max.	
C309	Sulphur ointment	I	6.6% sulphur; B.P. requires 9.5% mix.	
C256	Boric Acid ointm't	I	Boric acid 0.77% (B.P. limits 0.9% - 1.1%)	
C310	Boric Acid ointm't	I	Boric acid top layer 0.84%, bottom layer 1.50%	
C311	Boric Acid ointm't	I	Boric acid top layer 0.86%, bottom layer 2.22%	
C282	Pork Sausages	I	Def. of 16% of minimum standard of meat	Subsequent sample satisfactory.
C285	Glycerine, Lemon and Honey	I	Label offence. Claimed to contain Liquid Glucose. Sample contained no Liquid Glucose	Manufacturer undertook to withdraw all stocks from sale
C346	Fountain Fizzers	I	Label offence. One ingredient designated 'Flour Base', not a specific designation	Label amended.
C399	Fruitades	I	Pre-packed—sold without a label contrary to the the Labelling of Food Order	Stocks withdrawn for labelling.
C424	Table Jelly	I	Label designated one ingredient as Glucose Sample contained Liquid Glucose	Ingredient to be designated 'Liquid Glucose' on future labels.
C430	Glycerine, Lemon and Ipec. Cough Mixture	I	Label designated one ingredient as Glucose Sample contained Liquid Glucose.	Label amended.
C437	Glycerine B.P.	I	Contained 96.9% Glycerine. B.P. requires not less than 98.0%	Stock withdrawn from sale.

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
C449	Barley Mints	I	Labelled 'Made with 50% Glucose'. Sample contained 26% of solids of Liquid Glucose. Def. of 40% of the amount guaranteed	Manufacturer cautioned. Designation 'Liquid Glucose' to be used on future labels.
C221	Processed Cheese	I	False label. Fat on dry solids 42.0% - 43.6%, whereas label guaranteed 45.0%	Importer cautioned.
C314	Processed Cheese	F		
C453	Processed Cheese	I		
	8 samples of Processed Cheese	I	Def. in fat and/or contained excess water and/or used the non-specific name 'Emulsifying Salts' in the list of ingredients	Referred to the Ministry of Food and Food Standards Committee.
	18 samples of Cheese Spread	I		
C491	Pork Sausages	I	Contained 140 p.p.m. of undeclared SO ₂	Retailer cautioned.
C499	Dried Herbs (Sage)	I	Contained 1.4% excess sand and grit	Packer cautioned.
C533	Dried Herbs (Sage)	I	Label offence. Net wt. not stated	Old Stock. Packer cautioned.
C534	Dried Herbs (Thyme)	I	Contained 5.3% excess sand and grit	Old Stock. Packer cautioned.
C687	Dried Herbs (Sage)	I	Contained 3.0% excess sand and grit.	Packer cautioned.
C628	Fish Cakes	I	Def. 11% of minimum standard of fish	Manufacturer cautioned.
C630	Fish Cakes	I	Def. 42% of minimum standard of fish	Manufacturer cautioned.
C512	Tapioca	I	Consisted of 100% potato starch (Farinoca)	Retailer cautioned.
C638	Flaked Tapioca	I	Consisted of Farinoca	Retailer cautioned.
C639	Flaked Tapioca	I	Consisted of Farinoca	Retailer cautioned.
C516	Heatherdown Spread	I	Label designated one ingredient as Glucose. Sample contained Liquid Glucose	Ingredient to be designated Liquid Glucose on future labels.
C738	Popcorn	I	Label offence. Colouring matter not included in list of ingredients	Label amended.

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
C686	Gravy Powder	I	Label offence. Ingredients given as 'Made from a selected variety of flours'—not specific	Referred to Ministry of Food. Order amended to permit generic term 'Edible Starch'.
C754	Tincture of Iodine	I	Iodine and Potassium Iodine in slight excess of B.P. limits	Last bottle of retailer's stock.
C768	White Precipitate Ointment	I	Label offence. Not marked 'Poison'	Retailer cautioned.
C773	White Precipitate Ointment	I	Label offence. No name and address of seller	Retailer cautioned.
C1152	Fruit Bar	I	Label offence. No statement of ingredients or net weight	Label amended.
C1066	Ice Cream	I	Def. 27% of minimum amount of fat	Producer cautioned
C1102	Baking Powder	I	Def. 6% of minimum of available carbon-dioxide	Wholesaler cautioned
C1115	Sweetened Skimmed Condensed Milk	I	Label offence. The words 'Unfit for Babies' inadequate size	Reported to Ministry of Food.
C1215	Camphorated Oil	I	Contained 0.6% w/w of Camphor in excess of B.P. limit	Retailer cautioned.
C1221	Saccharin Tablets	I	Label offence. No name and address of packer	Packer cautioned.
C1373	Pork Sausages	I	Def. of 3% of minimum standard of meat	Repeat sample satisfactory.
C1394	Saccharin Tablets	I	Label offence. No name and address of packer	Stock withdrawn from sale. Packer cautioned
C1405	Peppermint Seals (sugar confectionery)	P	Contaminated with piece of wire $\frac{5}{8}$ " long	Manufacturer cautioned.
C1468	Salted Mixed Nuts ("A" Brand)	I	Label offence. Generic description 'Nut Kernels' used instead of specific names of ingredients	Same packer cautioned.
C1476	Salted Mixed Nuts ("B" Brand)	I		
C1522	Scotch Whisky	I	False label. Guaranteed 70% Proof Spirit. Contained 67.5% Proof Spirit	
C1537	Scotch Whisky	I	Contained 68.5% Proof Spirit	
C1581	Scotch Whisky	F	Contained 69.5% Proof Spirit	
C1582	Scotch Whisky	F	Contained 69.5% Proof Spirit	
C1546	Shredded Beef Suet (loose)	I	Def. 3.6% of minimum standard of fat	Repeat sample unobtainable.

ADULTERATED AND UNSATISFACTORY SAMPLES

SAUSAGES. In 1952 an improvement in the meat content of sausages was noted. Five samples of beef sausage were all satisfactory but five out of nine pork sausage were low in meat content. Only one was significantly deficient (16%) and a subsequent sample from the same source was up to standard. Another sample contained undeclared preservative.

Withdrawal of price control has removed the implication that the descriptions beef and pork sausage mean that the products contain 50% and 65% of meat respectively. The Society of Public Analysts has recommended that these standards should be maintained but it is for each Local Authority to invite the local Court to accept the standards.

DRIED HERBS. Three samples of dried herbs were inadequately cleaned before pre-packing and analysis disclosed the presence of excessive quantities of sand and grit. One manufacturer suggested that it was unreasonable to complain of excess dirt in one packet and he suggested that a number of packets should be bulked together for tests. Clearly this means that a housewife who buys a packet of herbs containing excess dirt should not complain if three or four others receive a satisfactory article. Another manufacturer stated that the sample was more than 12 years old and claimed to have tested all batches for excess sand, etc., for the past eight years.

FISH CAKES. There has been a minimum standard of 35% of fish in fish cakes since April, 1950, yet two local manufacturers who were found to be selling products of 31% and 20% of fish offered the excuse that they were unaware of the standard. One amended his formula and the other decided to buy supplies wholesale in future.

FLAKE TAPIOCA. A shortage of genuine tapioca during recent years led to the manufacture of a substitute made from potato starch. The substitute has been given the trade description "Farinoca" and when sold as such it is a satisfactory article. But now that supplies of genuine tapioca are available the purchaser who receives this substitute on a demand for tapioca is undoubtedly prejudiced, and in 1952 three retailers offended in this respect. The explanation offered, viz., that assistants failed to carry out the instructions of the management was a reasonable one but in my view the misunderstanding was primarily due to the fact that each shop displayed the substitute with a price ticket only and no description of the goods. The retailers were advised to mark displays as "Farinoca" in a clear manner.

BAKING POWDER. A sample of baking powder failed to comply with the minimum standard of raising power. It was suspected that the explanation was deterioration due to unsatisfactory storage and investigations showed that the responsibility rested with the wholesaler who had bought another business which included this stock of baking powder of unknown age. The retailer returned his supply to the wholesaler and the latter was cautioned.

PROCESSED CHEESE AND CHEESE SPREAD. In a survey of the composition of 27 brands of processed cheese and cheese spread sold in the City, the fat and water contents were compared with the suggested standards (not yet legal) recommended by the Food Standards Committee in 1949. A remarkable variety of these products were on sale and the 27 brands provided by no means a complete list of those available in the City. A large proportion of the samples contained excess of water and/or were deficient

in fat, i.e., 7 out of 9 brands of processed cheese and 12 out of 18 brands of cheese spread. In general the English brands were superior in nutritive quality and an excessive amount of water was evident in practically all imported brands.

Although Labelling and Weights and Measures Regulations distinguish between processed cheese and cheese spread, some manufacturers and retailers appear to regard the two descriptions as synonymous for a soft spreading mixture of dairy products primarily made from cheese. Clearly it is desirable that the description "Processed Cheese" should be reserved for cheese which has been mixed with emulsifying salts and nothing else. When butter, milk, etc., are added the description "Cheese Spread" should be applied. Labelling Regulations require a list of ingredients for cheese spread but a number of manufacturers appear to assume that the exemptions granted to processed cheese also apply to cheese spread.

At the time these samples were examined it was appropriate to criticise labels which used in the list of ingredients the generic description "Emulsifying Salts" instead of the specific names of the chemicals which had been added. The Ministry of Food has since considered this point and has condoned the generic description "Emulsifying Salts" in a recent amendment of the Labelling of Food Order. One Danish import was guaranteed to contain 45·0% of fat on the dry solids, but three out of five samples contained only 42·0 to 43·6% fat, indicating the use of skimmed milk instead of full-cream milk in the preparation of the cheese.

LABELLING OFFENCES

WHAT IS GLUCOSE? In a white paper published in 1943, it was stated that the Government wished to ensure that food labels should inform the public what they are buying, but for some years it has not been possible to implement this desirable object in the case of pre-packed foods containing so-called "Glucose".

The word Glucose is used by food manufacturers to describe a sweet syrup prepared from starch obtained from maize, potato, etc.; commercially it is also called corn syrup, starch syrup or starch sugar. It consists of a mixture of dextrans, malt sugar (maltose) and grape sugar (dextrose). The proportions of these substances in the syrup may vary, but usually 40% to 50% consists of dextrans which may be regarded as a form of pre-digested starch. For use in other trades, e.g., brewing and leather, the water is removed from the syrup, giving a solid form.

Unfortunately, the manufacturers of pharmaceutical preparations have taught the public that glucose is pure grape sugar (pure dextrose) and, aided by the recommendation of medical practitioners, it is firmly established in the mind of the general public that "Glucose" is a substance which has some valuable therapeutic properties because it is immediately assimilated by the body.

Advertisements and labels associated with samples examined in 1952 have included such phrases as "Glucose for energy", "Made with Glucose in accordance with medical requirements", "Contains Glucose—Life's Vital Force", etc. In a few cases the claims were fully justified because the ingredient was pure glucose (dextrose) but too frequently the ingredient referred to consisted of starch syrup of which only 30% was pure glucose. Since the public only know of the pure medicinal glucose sold retail by pharmacists and grocers, the use of the unqualified word "Glucose" to indicate starch syrup as an ingredient on food labels is likely to be misleading to the average purchaser.

Clearly, now is the time to find two distinguishing names for these two substances, names which will have some meaning to the general public. In pharmacy they are distinguished by qualifying adjectives, viz., "Liquid Glucose" for starch syrup, and "Purified or Medicinal Glucose" for the pure sugar dextrose. Under the Labelling of Food Order, a Food and Drugs Authority may object to the use of the unqualified description glucose for starch syrup and may insist that a label shall give either the three constituents, viz., "dextrins, maltose and dextrose", or, alternatively, the B.P. official name "Liquid Glucose". Obviously the addition of the adjective "Liquid" has no significance to the public and it will not be possible to tell the consumers what they are buying until the Pharmacopoeia Commission can be persuaded to delete Liquid Glucose as an official name for the unpurified product of hydrolysis of starch and substitute a more informative name such as Corn Syrup, Starch Syrup or Starch Sugar. Confusion is inevitable so long as official status is given to two very similar names for two substances of widely different chemical composition. The use of the title "Liquid Glucose" in the British Pharmacopoeia, together with the official statement that "it consists of a mixture of dextrose, maltose, dextrin and water" implies that the major constituent is dextrose whereas, in fact, dextrins are present in the highest proportion.

Although it is felt that Liquid Glucose is an unsatisfactory designation, a number of manufacturers have been advised that they must use this description for starch syrup when it is an ingredient in food, not because it is more informative but rather to establish that glucose is a generic term with no specific meaning unless qualified and generic terms are not permitted by the Labelling of Food Order.

LABELLING OF FOOD ORDER. Under this Order the packer or labeller of a pre-packed food must give certain information on his label so that the purchaser may be informed as to what he is buying. Objection was taken to nine samples which carried labels giving incomplete or unsatisfactory particulars, viz., no label supplied (Fruitades); no ingredients stated (Fruit Bar); names of ingredients not specific (Fountain Fizzers, Table Jelly, Honey Spread, Gravy Powder, Mixed Nuts); list of ingredients incomplete (American Popcorn); no name and address of packer (Saccharin Tablets).

In two cases labels were false. Barley Mints were claimed to contain 50% glucose whereas the sample was shown to contain no more than 26% of the solids of liquid glucose or corn syrup. Apart from the question of whether glucose is a satisfactory description for corn syrup, this label was false in respect of the amount claimed. Four samples of a certain brand of pre-packed Whisky (miniatures) were found to be slightly less than 70° proof guaranteed on the label. (Proof spirit found 67·5%, 68·5%, 69·5%.)

DRUGS

144 samples of drugs and medicinal preparations were examined during the year 1952 and 14 samples (9·7%) failed to satisfy the requirements of legislation.

GLYCERIN, LEMON AND IPEC. COUGH MIXTURE. Whilst it may be argued that some confusion concerning the two forms of glucose is excusable in the food industry, there should be no confusion in the pharmaceutical industry. The label of a sample of Glycerin, Lemon and Ipec. Cough Mixture designated an ingredient as glucose and analysis showed that the ingredient was actually liquid glucose. In this case the manufacturers

stated that they were well aware of their obligation to use the specific names which are official in the B.P. and B.P.C. They claimed to have already amended the label but admitted that 10,000 had been run off and used before the mistake was corrected.

GLYCERIN, LEMON AND HONEY. The label of this sample claimed that liquid glucose was an ingredient but analysis showed that none was present. The manufacturer admitted that the formula had been changed without appropriate change of label. In addition to giving liquid glucose as an ingredient in the formula, the bottle carried a label around the neck which stated "contains liquid glucose". One can only presume that the manufacturer thought that the magic words "contains glucose" have value as a selling point even in a preparation such as Glycerin, Lemon and Honey.

SULPHUR AND BORIC ACID OINTMENTS. Three samples of Sulphur Ointment and three samples of Boric Ointment in pre-packed wide-mouthed jars showed wide variation from the standards of the B.P. It was found that the active ingredients Boric Acid and Sulphur were unevenly distributed in the jars and it was clear that the ointments had been pre-packed at an excessively high temperature. All the stock was withdrawn from sale.

Slight discrepancies from the official standards were found in a pre-packed bottle of Glycerine which contained a trace of water in excess of the B.P. limit, and samples of Tincture of Iodine and Camphorated Oil which were slightly stronger than the prescribed standards.

SWIMMING BATH WATER

Frequent examinations of the water from the swimming and paddling pools at Southsea Castle, Park Road and Hilsea Lido were made during the summer season. Chlorine is used to maintain a high hygienic quality and chemical and bacteriological tests have provided information which has assisted in the efficient control of the chlorination plant. Without careful control, swimming bath water may have an unattractive appearance and may have a disagreeable effect upon the eyes—no complaints in these respects were received in 1952. Swimming baths were generally of good hygienic quality but the paddling pools provide a problem in hot weather because contamination is added at a greater rate than can be dealt with by the purification process.

CITY WATER SUPPLY

Frequent examinations of the City water have confirmed that the bacteriological quality of the water is of the highest standard. During the year the chlorination has been carefully controlled and has shown little variation from the desirable figure of 0.1 p.p.m.

From a chemical point of view there has been no variation from the consistent composition of previous years and all samples have been found to be pure and wholesome.

FERTILISERS AND FEEDING STUFFS ACT 1926

During the year, four samples of Fertilisers taken under this Act were examined. The active ingredients present were in accordance with the guarantees in three cases and the deviation in the fourth was slight and to the advantage of the purchaser.

ISLE OF WIGHT COUNTY COUNCIL

162 samples were examined in 1952 for the Isle of Wight County Council; 133 under the Food and Drugs Act, 7 under the Fertilisers and Feeding Stuffs Act, one under the Pharmacy and Poisons Act and 21 samples from miscellaneous sources.

Under the Food and Drugs Act, 29 samples were reported to be unsatisfactory (21·8%).

Of 37 samples of Milk, two samples were adulterated with water and three were deficient in milk fat. In addition 12 samples were of inferior quality due to the condition of the herd.

A sample of fish cakes contained 32% of fish instead of the minimum of 35% of fish prescribed by the Order. A sample of Butterscotch contained 3·6% of butter fat instead of at least 4·0% and a sample of Sausages contained undeclared preservative, contrary to the Preservative Regulations.

The labels of eight samples contravened the Labelling of Food Order. In the list of ingredients the label of a sample of Welsh Rarebit failed to use a specific name for one of the ingredients and an incomplete list of ingredients was given in pre-packed samples of Glace Cherries, Complete Cake Mixture, Custard Powder and Table Jelly. Although in the case of Table Jelly the statement of ingredients was given voluntarily it is reasonable to insist that the list should be complete. In three cases, Fruit Bar, Quenchers and Fruitade Tablets, the labels failed to disclose any of the ingredients. The Quenchers and Fruitade Tablets were the product of one manufacturer who had been previously cautioned for this offence; proceedings were instituted in respect of these samples resulting in £40 fines and £10 costs.

Other label offences included one associated with a Skimmed Milk Powder, which contravened the letter of the law by adding a qualifying phrase to the word "Skimmed". The description "Sweetened Sponge Mixture" was criticised; in my opinion it is not a fully informative description for a mixture of sweetened self-raising flour and flavour.

18 samples of drugs were examined and adverse reports were given on six samples. A Tincture of Iodine was deficient in potassium iodide and was probably prepared from an obsolete formula. Brompton Cough Lozenges B.P.C. should contain 60% sugar, but in an informal sample the sugar had been replaced by a mixture of cornflour, chalk and kaolin. It was not possible to obtain a formal sample.

The label of pre-packed Herbal Pieces claimed 76·8% sugar, whereas only 52% was present. The missing sugar had been replaced by liquid glucose. Objection was taken to the description "Vita Glucose Tablets" because "Vita" implies the presence of vitamins and this sample consisted of medicinal glucose only, with no added vitamins. The manufacturer agreed to make this perfectly clear on future labels. The label of a sample of Gripe Mixture with Glucose gave 5·0% of glucose as an ingredient; the maker was cautioned because the description "glucose" unqualified, is meaningless in pharmacy. The offence was technical because purified glucose (dextrose) had been used, but this type of label on a medicinal product must add to the confusion concerning the meaning of the word "glucose".

An advertisement concerning a sample of Aerated Beverage was reported to be false, contrary to Article 1 of the Defence (Sale of Food) Regulations. Although sweetened entirely with 24% of liquid glucose, nationally distributed advertisements claimed that the beverage "required no digesting". This claim would have been true and justified if purified or medicinal glucose

had been used but it was false when applied to liquid glucose. The manufacturers readily undertook to cease making this claim in future advertisements. This case emphasises the need for a change in nomenclature which will enable the ordinary consumer to appreciate what is "Glucose". This beverage was advertised as "The Glucose Drink" and the label satisfied the Pharmacy and Medicines Act by giving the formula which clearly indicated to a technically informed purchaser that the therapeutic claims were based upon the presence of 23·5% of liquid glucose. I do not believe that the average consumer would appreciate that this ingredient Liquid Glucose differed in any way from the glucose contained in the "Vita Glucose Tablets" or the "Gripe Mixture with Glucose" referred to above. I am well aware of the fact that trade circles can claim that they used the description glucose syrup for starch syrup many years before Purified or Medicinal Glucose could be manufactured and marketed, but one wonders whether the trade view that starch syrup is entitled to the unqualified description "Glucose" would be acceptable in law to-day. In the case of fish it has been held that the name of one article of food may not be applied to another on the ground that in the trade the name has a secondary meaning unknown to the public.

BOROUGH OF GOSPORT

153 samples were submitted by the Borough of Gosport, under the Food and Drugs Act. 17 samples were unsatisfactory (11·1%).

Only one sample of Milk out of 46 samples was deficient in milk fat. Four samples were of inferior quality due to the condition of the herd. All samples were free from added water.

15 samples of Channel Island Milk were examined and one was deficient 10% of the minimum fat prescribed for this type of milk.

34 samples of Sausages and Sausage Meat were examined and nine samples were deficient in meat and two samples contained undeclared preservative. The deficiencies varied from 4% to 23% and proceedings were taken in respect of one sample (deficiency 13·8%). The case was found proved, but dismissed on payment of 25/- costs.

One sample of Ice Cream was deficient in sucrose, containing only 6·2%, whereas a minimum of 7·5% is prescribed; 14 samples of Ice Cream were satisfactory.

Six samples of drugs were examined. Objection was taken to the label of Compound Epsom Salts Tablets. The word "Compound" was printed in extremely small type yet the efficacy of the preparation depended chiefly on Phenolphthalien, and Epsom Salt was a minor ingredient from a therapeutic point of view. The manufacturer undertook to amend future printing of the labels, giving emphasis to the word "Compound". A sample of Ammoniated Tincture of Quinine was deficient in Ammonia.

Objection was also taken to the use of the official B.P.C. designation "Compound Syrup of Figs" for a preparation made from a different formula. The use of an official title for an article of different composition is contrary to good pharmaceutical code of conduct, and the manufacturer amended this label.

MISCELLANEOUS SAMPLES

The 559 samples of a miscellaneous character were submitted by various Corporation departments, private persons and industrial concerns. Fees were charged for 336 of these samples, and a sum of £400 2s. 8d. has been received by the City Treasurer.

An additional sum of £456 14s. 0d. was received for the analysis of the samples submitted by Gosport Council and the Isle of Wight County Council under the Food and Drugs Act and the Fertilisers and Feeding Stuffs Act.

Private	Gosport B.C.	Health Department
Dripping 105	Water 1	Mincemeat 1
Sausage Meat .. 28		Milk 3
Milk 5	Laboratory Information	Cellar Water .. 4
Tea 1		Beer Mould .. 1
Sump Oil 1	Water 14	Butter 1
Salt 26	Rusk 4	Cake 3
Urine 1	Dried Milk .. 1	Kettle Deposit .. 1
Sea Water 4	Ground Rice .. 1	Copper Piping .. 1
Soya Flour 1	Milk 6	Icing 1
Sodium Nitrite .. 2	Sausages 3	Canned Grapes .. 1
Channel Island Milk . 18	Insect Powder .. 2	
Water 7	Sweets 1	Isle of Wight C.C.
Feeding Stuff .. 1	Soot 1	Malt Culms 1
Tallow 1	Dried Sage 1	Margarine 3
Sherry 2	Fish 1	Sausages 5
Ice Cream 25	Fish Extract .. 1	Cat Vomit 1
Powder 2	Kettle Deposit .. 1	Soil 3
Polish 2	Ground Almonds .. 1	Pig's Stomach .. 1
Ground Almonds .. 1	Fondant 1	White Powder .. 1
Anti-Freeze 1		Water 4
Popcorn 1	Education Department	Tomato Paste .. 1
Dried Blood 1		Coal 1
	Dried Milk 2	
Havant U.D.C.	Milk 1	Engineer's Department
Water 7	Cornflour 1	Sewage Sludge .. 2
Soil 1	Custard Powder .. 1	Sandstone 1
Canned Ham 1	Margarine 1	Pickling Fluid .. 1
Effluent 1	Cold Pork 1	Sewage 1
Canned Veal 1	Sweeping Compounds 22	Concrete 1
	Degreasing Compounds 7	Concrete Tube .. 1
		Water 6
Coroners	Police Department	Ballast 1
Portsmouth .. 14	Whisky 1	Acid Solution .. 5
South Hants .. 6	Liquid 1	Rinse Water .. 6
Isle of Wight .. 15	Marmalade 1	Clay Soil 78
	Jam 1	
	Milk 4	Petersfield U.D.C. and R.D.C.
Airport	Cigarette 1	Sewage 2
Dried Grass 8	Tea 1	Water 4
	Badge 1	
	Firework 1	Town Clerk's Department
Alton U.D.C.	Architect's Department	Oil 2
Water 4		Concrete 3
	Timber 2	
Fareham U.D.C.	Parks Department	Aldershot U.D.C.
Water 5	Water 1	Water 16
Bread 1		